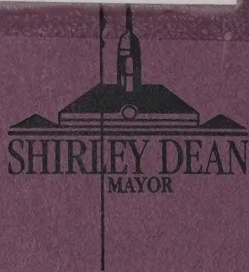


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## REPORT

### The Mayor's HIV/AIDS Housing Task Force

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City of Berkeley  
January 1996







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Task Force Members

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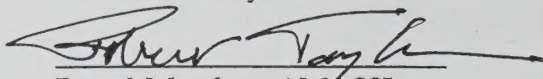
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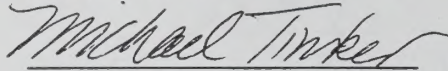
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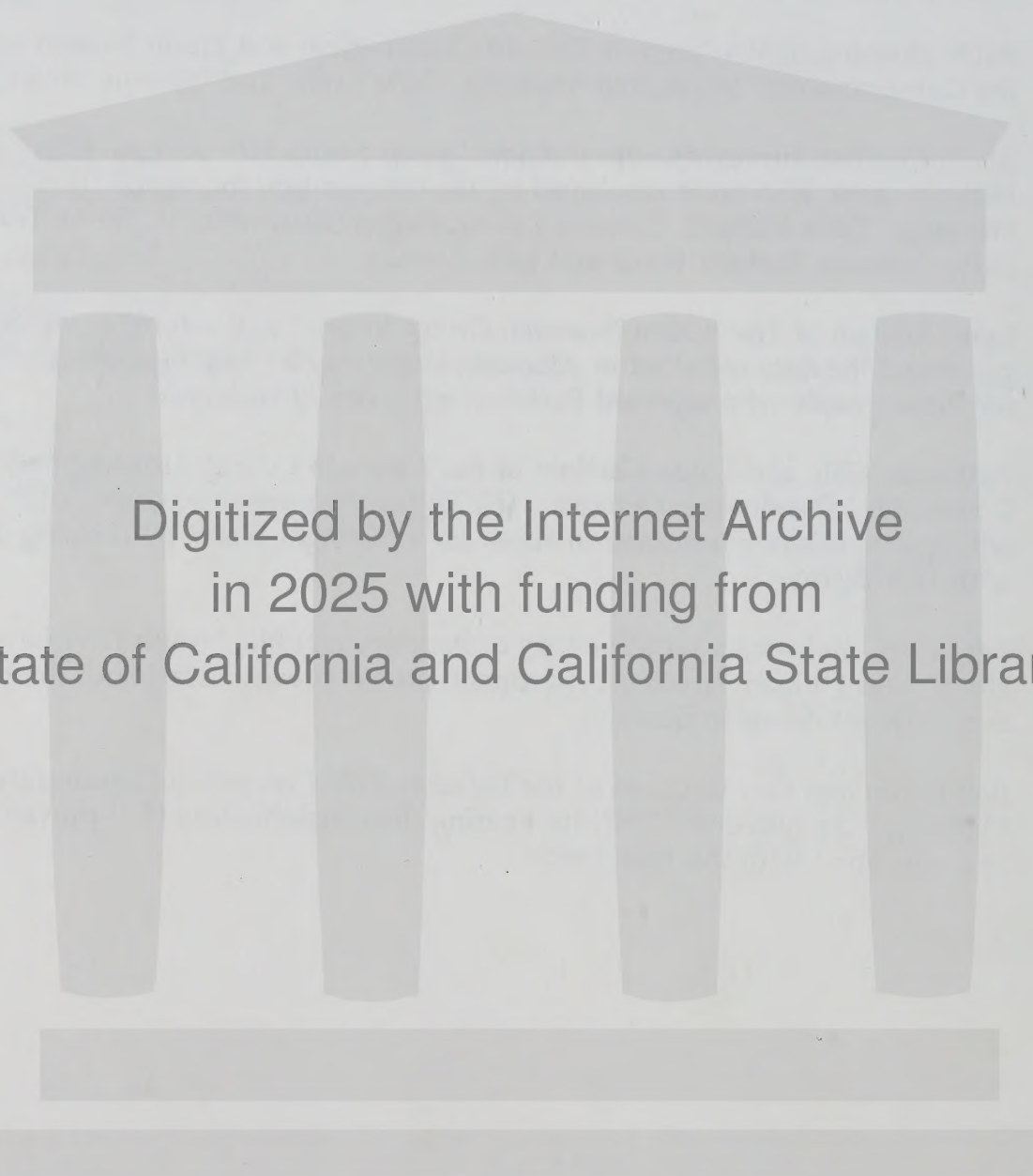


## ACKNOWLEDGEMENTS

The Mayor's HIV/AIDS Housing Task Force would like to acknowledge the efforts and participation of a number of organizations and individuals:

- All the people living with HIV and AIDS who participated in both Alameda County's process and the Mayor's HIV/AIDS Housing Task Force.
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# 1. EXECUTIVE SUMMARY

## IMMEDIATE ACTION RECOMMENDATIONS TO THE MAYOR

*The Mayor's HIV/AIDS Housing Task Force believes that a number of flexible approaches are appropriate for housing low-income and homeless people disabled with HIV disease.*

The Task Force recommends that the Mayor ask the City Council to:

1. Establish immediate local preference for homeless people disabled with HIV disease to determine the assignment of currently available Shelter Plus Care certificates, to the extent that appropriate matching services exist.

*Estimated number assisted: 10 to 20 people*

2. Pursue HUD monies in the next round of funding available that will target Shelter Plus Care certificates to homeless low-income people with HIV disease, and request matching services funds under the next Supportive Housing Program round.

*Estimated number assisted: unknown additional people*

3. Create a rental assistance program dedicated to assisting Berkeley residents with HIV/AIDS. The program should include eviction prevention through long-term shallow rental subsidies (averaging no more than about \$150 to \$200 per month). The Task Force estimates that funding such a program (see Table 5, Chapter 5) at \$175,000 for 24 months would assist up to 80 people. The funding source for the \$175,000 is the Council-approved set-aside of \$500,000 in the Housing Trust Fund.

*Estimated number assisted: up to 80 people*

4. Make available up to \$325,000 of the remaining Housing Trust Fund set-aside funds for a permanently affordable housing project to acquire, convert, rehabilitate, and/or upgrade either of the following:

1) An existing licensed facility to provide supportive housing for an independent or group living situation

OR

2) An existing residential building as a licensable independent or supportive housing program. (Assume 4 to 12 beds, depending on ability to leverage other sources of funds.)

*Estimated number assisted: from 4 to 12 people*

*Cumulative estimated number assisted: up to 112 people*



## THE MAYOR'S HIV/AIDS HOUSING TASK FORCE

Throughout Berkeley, individuals and communities are responding in compassionate and thoughtful ways to help residents whose needs for housing are complicated by disabilities resulting from HIV disease. Many families and friends have opened their homes and provided care for those affected by AIDS. Service providers and advocates for those living with HIV disease work hard to increase available resources and yet often have no appropriate housing referrals. As the epidemic spreads and public awareness increases, it is essential that policies and programs be developed to address the needs of people living with HIV disease, including the need for housing and support services in a planned and well-coordinated manner within our community.

In this context, Mayor Shirley Dean convened the Mayor's HIV/AIDS Housing Task Force. The Mayor envisioned the Task Force as a blue ribbon commission composed of community leaders who have expertise in the fields of housing and support services necessary for people in the Berkeley community who are disabled by HIV disease. She charged the Task Force with

1. determining the current need for housing among people with HIV disease in Berkeley;
2. establishing what current City resources are available to people with HIV disease;

and, based on this information:

3. developing program and policy recommendations for a comprehensive long-range plan for HIV/AIDS housing and support services for the City of Berkeley; and
4. arriving at recommendations for immediate action by the City concerning how to use the \$500,000 set aside in the Housing Trust Fund by the City Council in May 1995 for the purpose of an AIDS housing project.

The Mayor's HIV/AIDS Housing Task Force met monthly beginning in July 1995. The Task Force heard information reports from City staff on Berkeley's housing policies and programs, and HIV/AIDS epidemiological trends. The Task Force also heard updates on Alameda County's progress in drafting its multi-year AIDS Housing Plan, including periodic reports on the County's survey of housing preferences of low-income people with HIV disease. Beginning in November, staff convened weekly working meetings with interested Task Force members to work on the Task Force's report to Mayor Dean.

The Task Force concluded that the magnitude of the epidemic and the critical need for housing and support services justify the use of a number of innovative and flexible approaches to housing low-income people disabled with HIV disease. The Task Force recommendations are intended to stimulate action by the City Council, the Berkeley Housing Authority and community-based organizations in Berkeley.



## 2. THE HIV/AIDS EPIDEMIC IN BERKELEY

Information on the HIV/AIDS epidemic comes from public epidemiological reports available from Alameda County and the City of Berkeley Health and Human Services Department, Vital Statistics.

Acquired Immune Deficiency Syndrome (AIDS) is a fatal disease caused by the Human Immunodeficiency Virus (HIV). HIV is transmitted from one person to another through blood or sexual contact. The primary modes of infection are unprotected sexual contact with a person already infected with the virus and the sharing of needles used to inject drugs. HIV eventually destroys the body's ability to defend against certain opportunistic infections and cancers. The first recognized cases of AIDS were diagnosed in 1980 and AIDS as a syndrome was first described in the medical literature in June of 1981. Since that time, there have been approximately 501,310 reported cases and nearly 311,381 deaths due to AIDS in the United States as of November 30, 1995.

California has 17.2 percent of all reported AIDS cases in the U.S. cumulatively. Overall, the AIDS incidence rate for California is 34.1 cases per 100,000 population in 1995, compared to a national incidence rate of 27.8 per 100,000.

An epidemic is defined as an appearance of disease above normally expected rates of occurrence. There are still many areas in the U.S. where HIV/AIDS is virtually unknown. However, in certain areas of Alameda County, including Berkeley, there are truly "mini-epidemics" occurring; there are neighborhoods that are critically affected while other neighborhoods are untouched by this disease.

Alameda County is one of California's most geographically and culturally diverse regions. While people with HIV disease live in each area of Alameda County, some areas including Berkeley, Oakland, and Richmond have the majority of the cases. The services available to individuals and families in need differ widely in different areas.

Berkeley has the fourth highest cumulative incidence rate among local health jurisdictions in California, while Alameda County has the seventh highest cumulative incidence rate.<sup>1</sup> Some key facts of the local HIV/AIDS epidemic:

- Since the beginning of the epidemic in 1980, 4,215 adult cases of AIDS have been reported in Alameda County through April 1995; *424 adult cases of AIDS have been reported in Berkeley over approximately the same period, 10 percent of the County's AIDS cases.*
- 26 pediatric cases have been reported in Alameda County; *none in Berkeley.*
- 1,566 individuals were presumed to be living with AIDS in Alameda County

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<sup>1</sup>Cumulative incidence rate is the number of registered AIDS cases since reporting on the disease began in Berkeley in 1983.



in September 1995; approximately 161 people living with AIDS currently reside in Berkeley, according to Berkeley Health Department's AIDS case registry.

- 9,574 people are estimated by the County to be living with HIV-infection; if the same 10 percent rate of AIDS cases is applied to the County's estimate of those living with HIV-infection, then Berkeley would have approximately 1,000 people living with HIV-infection (including the 161 people living with AIDS).

## DEMOGRAPHICS OF THE AIDS EPIDEMIC

Since the AIDS epidemic began in 1980, 424 cases have been reported in Berkeley. Of these known cases, 161 people are known to be living with AIDS today. Who does HIV and AIDS affect most in Berkeley?

### *Cumulative AIDS Cases since 1983:*

- 77 percent of the 424 Berkeley AIDS cases are gay or bisexual men.
- 17 percent of Berkeley AIDS cases are intravenous drug users (IDUs), and 45 percent of them are gay or bisexual men; the rest are heterosexual IDUs.
- 62 percent of Berkeley AIDS cases are Caucasians, and 29 percent are African Americans. Another 7 percent are Hispanic.
- Nearly 70 percent of Berkeley AIDS cases are between the ages of 30 and 49, during what would normally be their most productive economic years in the labor force.
- People aged 20 to 29 account for 14 percent of Berkeley AIDS cases. National statistics reveal that this age group, along with women, constitute the fastest growing groups of people infected.
- 16 percent of Berkeley AIDS cases are over 49 years of age.
- Women make up about 6 percent of Berkeley AIDS cases. 48 percent of them are heterosexual IDUs, while 44 percent contracted the disease through heterosexual contact.

### *People Living with AIDS Today:*

- Of the 161 people in Berkeley believed to be living with AIDS, 5.6 percent (9) are women, the rest are men.
- 61 percent of the 161 people in Berkeley living with AIDS are Caucasian, 31 percent are African Americans, and 5 percent are Hispanics.

### *People disabled with HIV disease differ from other disabled people in need of housing.*

People infected with HIV have a fatal disease that is communicable. Public health preventive efforts recognize that services provided to people without adequate housing are much less effective than services provided to people who are housed. While living with HIV disease is challenging under the best of circumstances, the stress of living in unstable, or inadequate housing, or living on the streets makes it



profoundly more difficult. In addition, health care costs are substantially higher for persons who have no home because they tend to rely on the most expensive health care settings (e.g., emergency rooms).

The life-span of a person diagnosed with AIDS is predictably short. The Task Force recognizes that stable housing can improve the quality of life and make the end of life more comfortable for those dying of AIDS.



### 3. NEEDS ASSESSMENT: THE NEED FOR AIDS HOUSING IN BERKELEY

#### INTRODUCTION

The consensus opinion of the Mayor's HIV/AIDS Housing Task Force is that people disabled with HIV disease have special needs for housing and support services. This chapter profiles these needs from data obtained through the Alameda County Office of AIDS Administration and a survey by Alameda County's Housing and Community Development Program. This survey was conducted as part of the development of Alameda County's multi-year plan for HIV/AIDS housing this year.

In this report, the Task Force uses the phrase "HIV disease" to mean both HIV infection *and* the subsequent diagnosis of AIDS. These and other phrases are defined in the Glossary to this report (see Appendix 1).

Members of the Task Force reviewed the Comprehensive AIDS Resources Emergency Act (CARE, or Ryan White Act) data made available by the Alameda County Office of AIDS Administration (OAA). The data reflect 176 unduplicated HIV service consumers who gave Berkeley zip codes as part of their current address between April 1994 and June 1995.

A summary of the OAA data reveals:

- that 75 percent of those obtaining services are disabled with HIV disease (Figure 1);
- that nearly 50 percent of people with HIV disease accessing social services receive some form of government assistance (Figure 2); and
- that about 52 percent of those accessing services have gross monthly incomes below \$900 (Figure 3). (Note that 34 percent did not report their income.)

The following charts illustrate the disability, income sources, gross monthly incomes, living situation, and type of housing for these 176 clients.

Interpretation of these data illustrate the precarious situations that people living with HIV disease face. The majority are disabled, poor and live alone. While the majority are not homeless, the risk of homelessness from low income and worsening health status is great. These findings are confirmed and extended by the Alameda County HIV/AIDS Housing Survey.



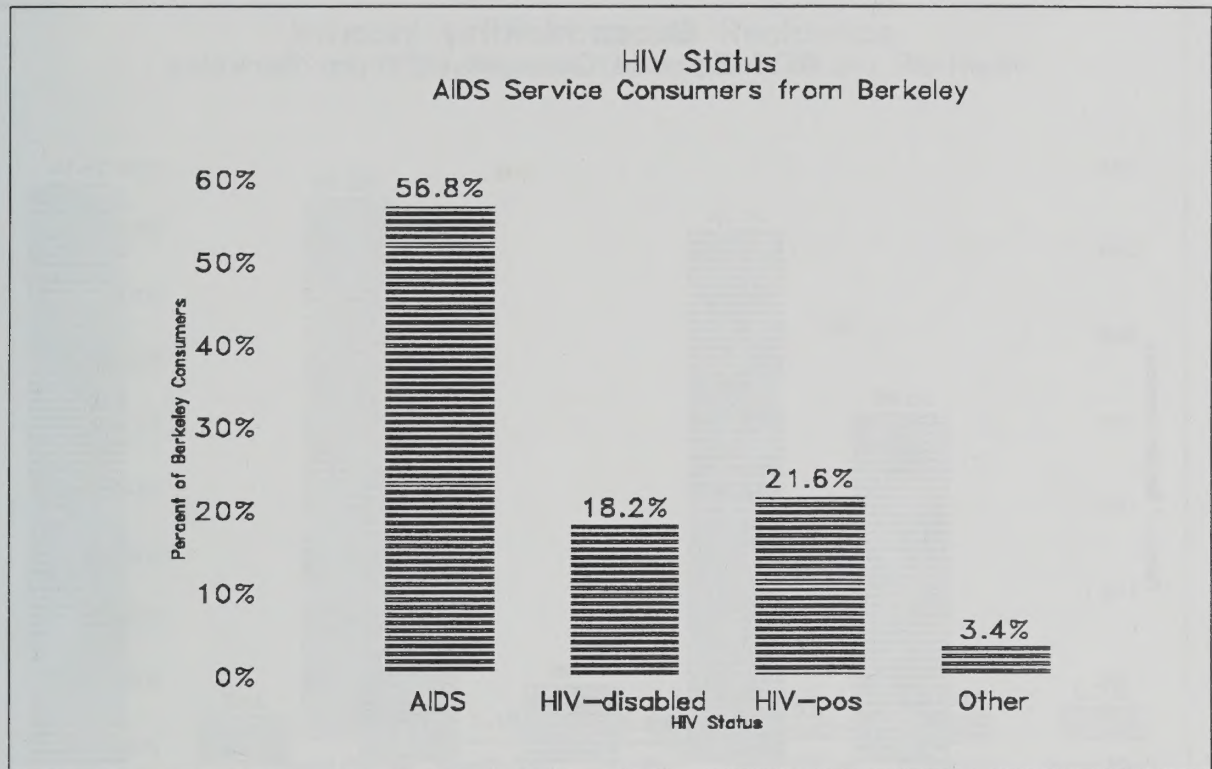


Figure 1 HIV Status.

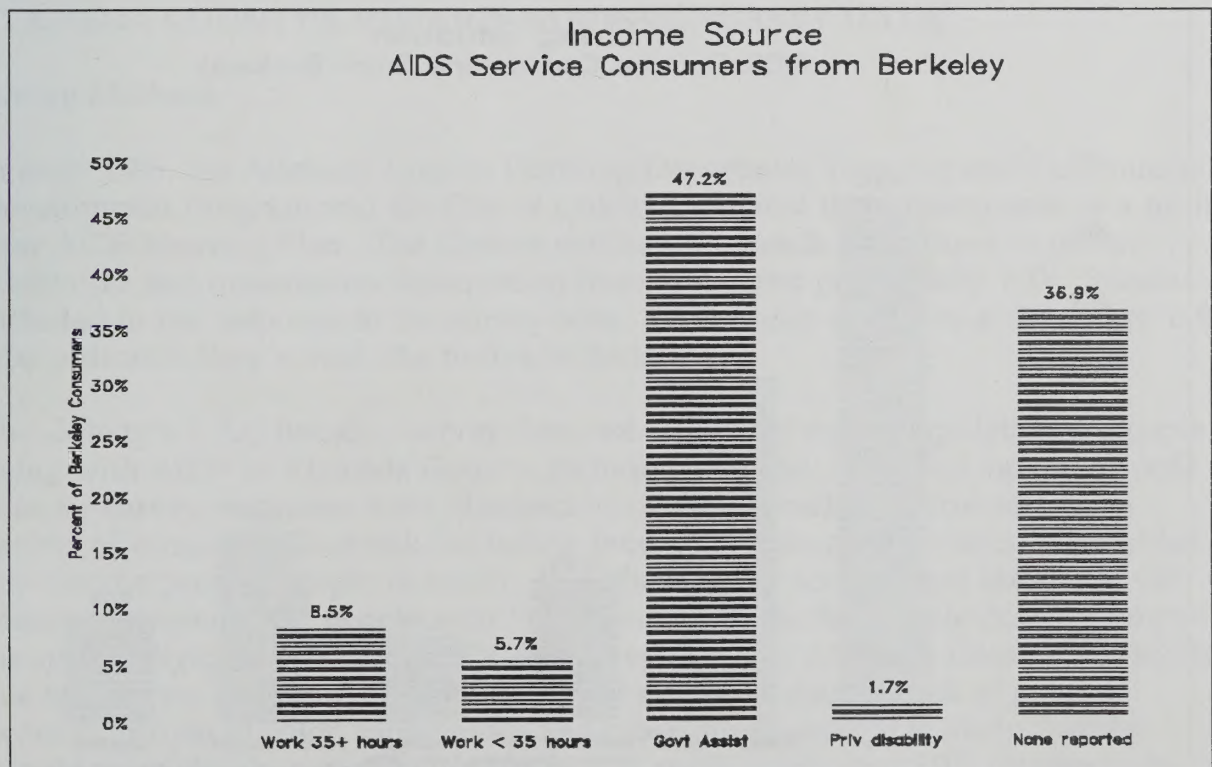


Figure 2 Income Source.



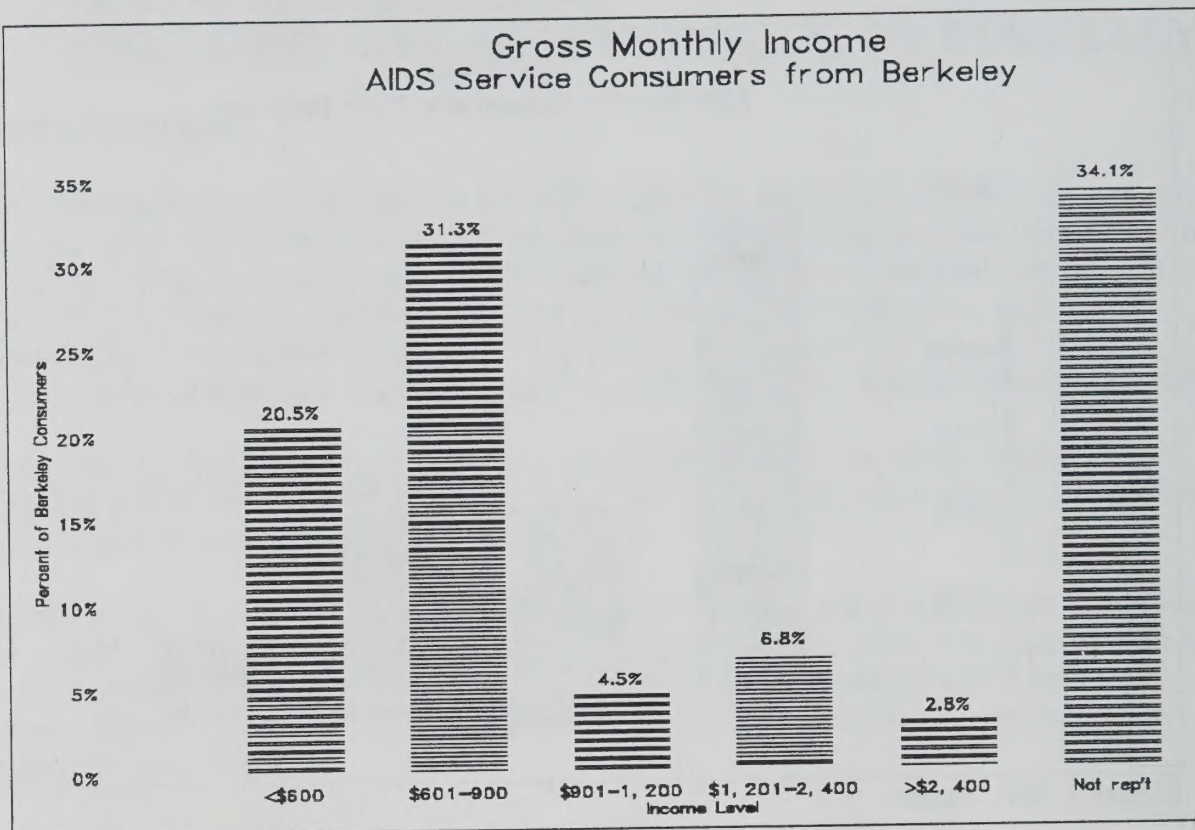


Figure 3 Gross Income.

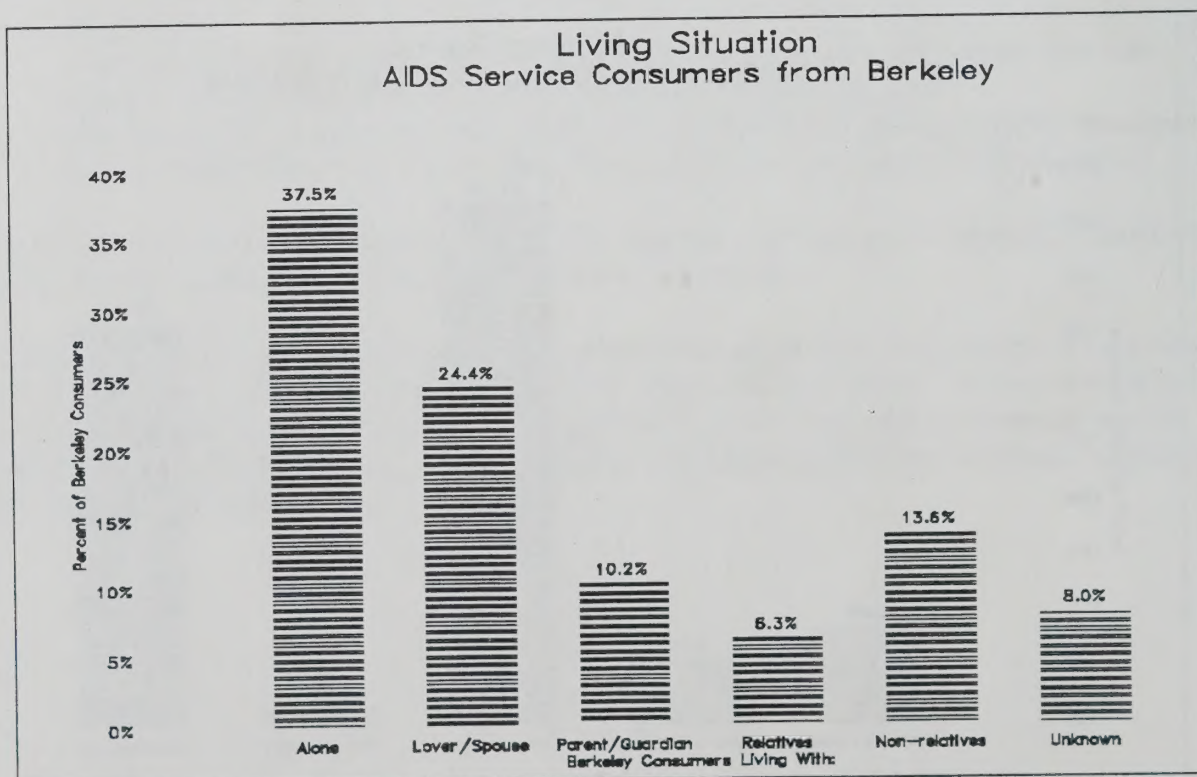


Figure 4 Living Situation.

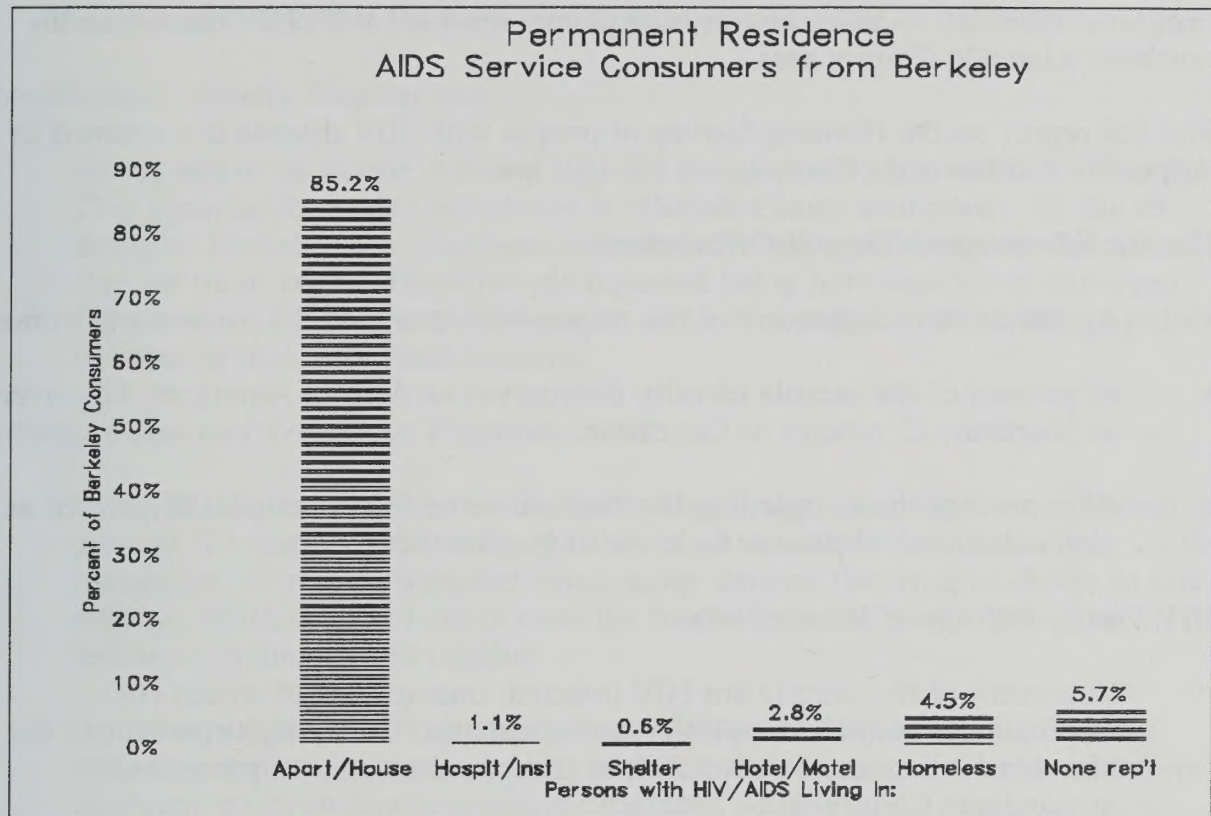


Figure 5 Permanent Residence.

## ALAMEDA COUNTY'S HIV/AIDS HOUSING SURVEY DATA

### Survey Methods

In early 1995, the Alameda County Planning Department Housing and Community Development Program and the City of Oakland initiated the development of a multi-year AIDS Housing Plan. The County conducted a needs assessment to gather qualitative and quantitative information from and about people with HIV disease. Included in the response to the survey were 103 Berkeley residents and another 140 who indicated they would like to live in Berkeley.

The County's AIDS housing survey does not reflect the entire population of people living with AIDS in Alameda County, including Berkeley, and their housing needs because survey responses were obtained by outreach workers recruited from a variety of communities-at-risk (including intravenous drug users, homeless and/or low-income people, people of color). It is, therefore, a non-random sample of the housing preferences of people with HIV disease. While the sample does not mirror the *epidemiological profile* of the HIV disease epidemic in Alameda County or Berkeley, due to the over-sampling of communities of people at greatest risk of poverty (women, people of color, intravenous and other drug-users), it is likely that the sample more closely represents consumers of public-supported HIV disease housing resources. This group is, in fact, the target population for housing policies and



programs intended to assist low-income people disabled with HIV disease in the northern Alameda County area.

The full report on the Housing Survey of people with HIV disease is contained in Appendix 2 at the end of this report.

### *Gender, Ethnicity and Sexual Orientation<sup>2</sup>*

- Approximately 60 percent of the respondents are men, 40 percent are women.
- 64 percent of the sample identify themselves as African American, 19 percent as Hispanic, 13 percent as Caucasian.
- 49 percent of the sample identify themselves as heterosexuals, 22 percent as gay males, and 19 percent as bisexual in orientation.

### *HIV Status and Age of Respondents*

- 62 percent of the sample are HIV infected, one-quarter of whom (16 respondents) are still completely asymptomatic. Thirty-eight percent of the sample are diagnosed with AIDS, as compared to only 23 percent of respondents County-wide.
- The median age of respondents is 41 years, with the youngest being 22 years and the oldest 72 years.

### *Income and Current Living Arrangements*

- The median income range for respondents to the survey is between \$501 and \$750 per month. Over three-quarters (76 percent) of the respondents have monthly incomes at or below \$750. For these respondents, annual income is below \$9,000, well below what HUD considers to be a low-income household. HUD's threshold for a one-person low-income household is \$19,400 in 1995 (see HUD Income Guidelines for 1995, Appendix 3).
- A majority of respondents are on some kind of fixed income and they spend approximately half of their income on housing. Their median monthly housing cost is \$350 and approximately half of the Berkeley resident sample pays \$300 to \$500 per month for housing.
- Of those responding, 40 percent indicated they rent a house or apartment and the remainder live in other situations.
- Fifteen percent of respondents stated they receive housing assistance. Ten

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<sup>2</sup>Statistics may not add to 100 percent due to non-reporting.



respondents indicate they are on a housing waiting list.

### *Homelessness Among Respondents*

- Nearly half of the sample indicated they had been homeless at some time in their lives. This is similar to people's experiences in Alameda County as a whole. Of the 45 living in Berkeley who had been homeless, 21 indicated they were homeless in the last three years. Three people reported being homeless when surveyed. However, it is clear that homelessness is an ever-present risk to this population because of their low fixed incomes.

### *Substance Use and Treatment Programs*

- When asked about substance use (including drugs, marijuana, and alcohol), 22 percent (23 respondents) indicated they used no substances or alcohol. Of the remainder, 44 respondents indicated using alcohol, the drug of choice in this survey. Marijuana and crack were the next substances used most often, followed by heroin and cocaine.
- About one-third of survey respondents (34) stated they are in a substance abuse treatment program. Twenty-two respondents are in either methadone treatment or drug-free counseling programs.

### *Housing Needs and Preferences*

- Two of the top three home preferences ranked by survey respondents included "live with others of same culture and/or language" and "live in a safe neighborhood".
- The next two preferences were split over the question of whether drug and alcohol use should be tolerated or not. The preference to "live where drug and alcohol use is tolerated" appeared on 48 percent of respondents' surveys, but another 44 percent preferred to "live in a clean and sober setting".
- Respondents express a clear desire to live close to transportation, friends and family, and to doctors and medical services related to their disease. Living close to shopping was preferred by 35 percent.

Respondents to the County's survey were asked two times how they would rank different living situations: first with their current preferences and needs in mind, and second, if they were sicker from HIV disease. Berkeley residents responded as shown in Table 1:



| <p><b>Table 1</b><br/> <b>Ranking of Housing Preferences by Health Status</b><br/> <b>Berkeley Respondents Rankings</b></p> |                                              |                                                                    |
|-----------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|--------------------------------------------------------------------|
| Housing Preference                                                                                                          | Percentage of Sample Ranking it in the Top 3 | Percentage of Sample Ranking it in the Top 3 If They Become Sicker |
| Live alone                                                                                                                  | 85%                                          | 76%                                                                |
| Live with friends                                                                                                           | 73%                                          | 76%                                                                |
| Live with family/parents                                                                                                    | 49%                                          | 62%                                                                |
| Live in on-site support services location                                                                                   | 45%                                          | 54%                                                                |
| Live in apartment with other people with HIV/AIDS                                                                           | 35%                                          | 64%                                                                |
| Live in a residential hospice                                                                                               | 9%                                           | 10%                                                                |
| Live in a skilled nursing setting                                                                                           | 8%                                           | 14%                                                                |

*First and foremost, this table indicates that respondents recognize their housing needs and preferences are likely to change as they get sicker.*

These survey results indicate that Berkeley respondents have a strong willingness to live alone and independently as long as possible; that they prefer privacy and intimacy in their living situations (as reflected by their preferences for living permanently alone, with family or friends, and somewhat for living in a building where other people with HIV disease live); and that they prefer independent housing where in-home support services could be supplied from elsewhere. The Task Force acknowledges that homeless people may prefer independent housing but may face obstacles to obtaining housing due to limited income, disabilities and a lack of financial and emotional support from networks of family and friends.

*The need to link housing for people with HIV disease with supportive services and health care.*

HIV disease is a medical condition that has erratic deterioration and recovery episodes. The most beneficial and cost-effective health care has been shown to be definitively linked to stable housing.

Once a person is infected with HIV, they may live an average of 11 years before being diagnosed with AIDS. Nearly half of the people surveyed by Alameda County were at one time homeless, and are at greater risk of having substance abuse and/or mental health problems. It is well known that these problems contribute to the transmission of HIV. It is, therefore, paramount to get homeless people into stable housing and link their housing to supportive services so these people may be helped and reintegrated into our community.



The extent and type of supportive services needed will change for each individual over time, depending upon the course of HIV disease and the opportunistic illnesses experienced by an individual. In the long run, the most effective service system will offer both in-home or on-site support and connections to off-site services. It will maximize the use of appropriately trained volunteers and integrate residents into the existing health care and social service systems available to people with HIV disease in Berkeley.

## ESTIMATING THE NEED FOR HIV/AIDS HOUSING IN BERKELEY

*The Mayor's HIV/AIDS Housing Task Force believes that the magnitude and diversity of findings of the needs assessment conducted by Alameda County justify use of a number of flexible approaches to housing low-income people disabled with HIV disease.*

Determining a numerical value of need for housing for people with HIV disease is difficult because of the complexity of their needs, the future of federal funding and uncertainty of health care reimbursement streams. On the one hand, from a health care standpoint, there are a large number of licensed health care (LHC) facilities in Berkeley with a fluctuating number of available beds. However, the use of these LHC facility beds by people with HIV disease is complicated by the uncertainty of future health care reimbursement streams and the availability of beds at any given time. LHC facilities represent institutional forms of health care and on-going treatment but lack the intimacy and privacy preferred by people with HIV disease. As the data indicate, people disabled with HIV prefer to live in non-institutional settings with access to services as long as physically possible.

*The point is not that people with HIV disease will not utilize existing licensed facilities that are available in Berkeley but rather that these existing licensed facilities are not appropriate as permanent housing.* Every effort should be made to use LHC facilities when it is medically appropriate.

The Task Force believes that LHC facilities are existing community resources which hold potential for conversion to permanent affordable housing for people with HIV disease. Therefore, consideration should be given to rehabilitating LHC facilities as well as other residential structures as available in Berkeley.

The Task Force used the Alameda County Office of AIDS Administration (OAA) data to develop its estimates of need for different types of housing programs. Currently, the Task Force estimates for Berkeley:

- From the income data in Figure 3 (above) there are about 103 people with HIV/AIDS who have incomes at or below \$19,400 (50 percent of the area median for single people).
- There are about 21 people in the OAA data who report being homeless, or are living temporarily in shelters, institutions/hospitals, or whose residential status



is unknown. The Task Force therefore assumes these people are homeless or clearly at risk of being homeless in making its estimates of need.

- There are 132 people in the OAA data who are disabled with HIV (32) or AIDS (100). Given that half of the people in the OAA data who are on some form of government assistance, it is likely that a substantial, though undetermined, number of these disabled people may face problems making the rent at some point in the advance of their disease, and may also want to move to supported housing. Such circumstances signal that eviction prevention or rental assistance should be a clear priority for the City of Berkeley's strategy for HIV/AIDS housing.



## 4. BERKELEY'S CONTINUUM OF HOUSING RESOURCES

### GUIDING PRINCIPLES

The Task Force recognizes the following adopted housing policies of the City of Berkeley as guiding principles:

- that all Berkeley residents should have access to decent housing at a range of prices they can afford in pleasant neighborhoods that meet standards of quality.
- that Berkeley should have an adequate supply of housing throughout the City for people with special needs and to assist the increasing number of people who are homeless or at risk of becoming homeless.

The housing market in Berkeley contains a broad continuum of housing that ranges from single family or apartment-style units to group homes, emergency shelters, transitional housing, skilled nursing facilities, and home-based care and hospice programs that provide health care. Some housing options provide residents with living situations that may emphasize intimacy and privacy; other options may stress access to health care over these psychological needs. All of these housing options have a role to play in meeting the needs of people with HIV disease who are difficult to house.

Members of the Task Force developed a needs model for people living with HIV disease. It is reproduced in detail in Appendix 4 of this report and it is summarized here (Table 2). The needs model is intended to provide a useful framework for linking people living with HIV disease in different stages of the disease with appropriate health care, support services and housing options. This model helped the Task Force formulate recommendations to the Mayor regarding housing and support services to people with HIV disease.

By using this model the Task Force also identified gaps in the continuum of housing and services available to people with HIV disease. Gaps were found in the existence and availability of assisted and supported housing and the necessary support services to maintain independent living situations.

The Task Force found that there are a number of supported and dependent housing types (e.g., Adult Residential Facilities, Residential Care for the Chronically Ill, skilled nursing facilities, home hospice providers, and end stage care in hospitals; see Appendix 1, Glossary for definitions) in Berkeley. These facilities are licensed by the State of California Department of Social Services Community Care Licensing Division (CCLD). However, the future of these facilities, given projected federal budget cuts as well as their appropriateness as housing, is questionable.

One striking finding from the Alameda County AIDS Housing survey is how vulnerable people with HIV disease are to losing their housing. The consequences of



**Table 2**  
**Linkage of Low-Income People with HIV Disease with Potential Housing Needs**  
*(See housing terms defined on previous page.)*

| <b>Status of HIV disease:</b>  | <b>Level 1</b><br><i>Functioning well</i>                                                                                                                                                                                                                                                                                                             | <b>Level 2</b><br><i>Needs some assistance</i>                                                                                                                                                                                                                                                                                                                                                                                            | <b>Level 3</b><br><i>Fluctuating between severe episodes and periods of functioning</i>                                                                                                                                                                                                                                                                                                    | <b>Level 4</b><br><i>Severely ill and dying</i>                                                                                                                                                                                                                                                                                                                                                                                       |
|--------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Is the person disabled?</b> | No                                                                                                                                                                                                                                                                                                                                                    | Maybe                                                                                                                                                                                                                                                                                                                                                                                                                                     | Yes                                                                                                                                                                                                                                                                                                                                                                                        | Yes                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| <b>Income status</b>           | Person may still be working                                                                                                                                                                                                                                                                                                                           | Person may be working only part-time, with increasing health care bills; may be on SSI/SSDI.                                                                                                                                                                                                                                                                                                                                              | Person may be working infrequently or on temporary basis; considerable income lost; may be on SSI/SSDI                                                                                                                                                                                                                                                                                     | Person probably stopped working a job out of the home; may be on SSI/SSDI or other public/general assistance                                                                                                                                                                                                                                                                                                                          |
| <b>Renters</b>                 | Able to make rent payments                                                                                                                                                                                                                                                                                                                            | If alone or with friends, may still be able to make rent payments                                                                                                                                                                                                                                                                                                                                                                         | Lost income may make person at risk of eviction without rental assistance                                                                                                                                                                                                                                                                                                                  | Fixed income from public assistance may make person at risk of eviction without rental assistance                                                                                                                                                                                                                                                                                                                                     |
| <b>Home owners</b>             | Able to make mortgage, insurance and property tax payments                                                                                                                                                                                                                                                                                            | If alone or with friends, may still be able to make payments                                                                                                                                                                                                                                                                                                                                                                              | Lost income may make person at risk of foreclosure, loss of insurance coverage and tax default                                                                                                                                                                                                                                                                                             | Fixed income from public assistance may make person at risk of foreclosure, loss of insurance coverage and tax default.                                                                                                                                                                                                                                                                                                               |
| <b>Types of housing:</b>       | <ul style="list-style-type: none"> <li>• Emergency shelter temporarily</li> <li>• Transitional housing temporarily</li> <li>• Halfway houses, treatment programs temporarily</li> <li>• Independent permanent housing perhaps with rental assistance</li> <li>• Assisted housing not necessary</li> <li>• Supportive housing not necessary</li> </ul> | <ul style="list-style-type: none"> <li>• Emergency shelter temporarily</li> <li>• Transitional housing temporarily</li> <li>• Halfway houses, treatment programs temporarily</li> <li>• Independent permanent housing perhaps with rental assistance</li> <li>• Assisted housing may be helpful for brief spells: e.g., attendant care and home support</li> <li>• Supportive housing may become necessary later in this level</li> </ul> | <ul style="list-style-type: none"> <li>• Emergency shelter not acceptable</li> <li>• Transitional housing temporarily</li> <li>• Halfway houses, treatment programs temporarily</li> <li>• Independent permanent housing probably with rental assistance</li> <li>• Assisted housing probably necessary with rental assistance</li> <li>• Supportive housing probably necessary</li> </ul> | <ul style="list-style-type: none"> <li>• Emergency shelter not acceptable</li> <li>• Transitional housing not acceptable</li> <li>• Halfway houses, treatment programs not acceptable</li> <li>• Independent permanent housing probably with rental assistance</li> <li>• Assisted housing probably necessary with rental assistance</li> <li>• Dependent care (e.g., skilled nursing facility or hospice care) necessary.</li> </ul> |



a \$100 decline in income, for many, would mean the loss of their homes. The well-being of these people and the public's health are integrally dependent on people with HIV disease having stable housing. *An effective means for preventing homelessness among those at risk is to make available rental assistance in a timely fashion. Rental assistance provides a direct subsidy to the tenant that makes up the difference between what they can afford for rent and what they must pay.* Timeliness of assistance is key, because the projected life-span once a person has AIDS is 24 months on average.

As the disease progresses, however, an individual's ability to maintain an independent living situation declines. Rental assistance must be coupled with other benefits to cover the range of special health care and social service needs that a person with AIDS faces. The individual's living situation may need to change, or provision of additional in-home support services may be necessary.

Services provided to people without adequate housing are much less effective than services provided to people who are housed. While living with HIV disease is challenging under the best of circumstances, the stress of living in unstable, or inadequate housing, or living on the streets makes it profoundly more difficult.

People with HIV disease living without adequate housing are much more difficult to contact and more costly to serve. Health care costs are substantially higher for persons who have no home. Numerous studies demonstrate that the health of homeless people deteriorates more rapidly than those in adequate housing. Homeless people face shorter lives and higher health care treatment costs due to the absence of preventive medicine and health care in their lives. In addition, homeless people tend to rely on the most expensive health care settings (hospital emergency rooms) because they have no regular linkage to a primary health care provider.

## THE CONTINUUM OF HOUSING IN BERKELEY FOR PEOPLE WITH HIV/AIDS

The Task Force undertook an extensive survey of Berkeley housing resources that could be used by people disabled with HIV disease. The City of Berkeley currently provides 12 Shelter Plus Care certificates for beds set aside at the New Bridge Foundation facility for homeless people with both HIV disease and a substance abuse diagnosis. At this time, these are the only beds or housing dedicated specifically to people disabled with HIV disease in Berkeley. However, there are a number of housing resources that could be appropriate depending on an individual's condition. Berkeley's housing resources for people with HIV disease are described in Appendix 5, and include permanently affordable independent housing, licensed health care facilities, licensed permanent housing and rental assistance programs.

While these facilities are not controlled by the City of Berkeley, or may not be available for immediate use by people with HIV disease at any given time, *they are important resources and should be used in a cost-effective and efficient manner, because they already exist in Berkeley. The Task Force believes the City should be open to innovative ways of adapting existing housing resources to the needs of people with HIV disease.*



## 5. FINANCING HOUSING AND SUPPORT SERVICES FOR PEOPLE WITH HIV DISEASE

The Mayor's HIV/AIDS Housing Task Force researched housing and support service programs and resources to determine the types of uses they served and the funding levels available. A compendium of these programs is included in Appendix 5.

Housing programs, broadly speaking, consist of two types: programs that provide subsidies to tenants for rent they pay to landlords and programs that subsidize the up-front (or capital) costs of new construction, or acquisition and rehabilitation of existing properties for purposes of creating permanently affordable housing for low-income households. Berkeley, and Alameda County generally, have both types of programs that can be used or committed to meet housing needs of people disabled with HIV disease.

The U.S. Department of Housing and Urban Development (HUD) is the most important federal agency providing housing subsidies and funds for construction and acquisition/rehabilitation of permanently affordable housing in the U.S. The major HUD programs used in Berkeley are the HOME Partnership for Investment Program (HOME) and the Community Development Block Grant Program (CDBG). The City of Berkeley also makes available General Fund monies to its Housing Trust Fund. The City's Housing Trust Fund is a funding pool that allocates HOME, CDBG, and General Fund monies through a structured loan application process. These programs are described further in Appendix 5.

In May 1995, the Berkeley City Council set aside \$500,000 in the Housing Trust Fund specifically for an AIDS housing project.

Two other sources of funds, Housing for People with AIDS (HOPWA) and Ryan White Comprehensive AIDS Resources Emergency (CARE) Act Funds, are available from the County of Alameda Housing and Community Development Program, the Alameda County Health Care Services Agency, and the HIV Health Services Planning Council for Alameda and Contra Costa Counties (which makes service priority decisions). Funding allocations to these jurisdictions are based upon a Congress-approved formula which relies on *cumulative* AIDS cases (i.e., total cases of AIDS, living or dead, since the onset of the epidemic in 1980).

HUD also provides funding for support services through programs created through the McKinney Homeless and Housing Act. These programs include Section 811 and the Supportive Housing Program (SHP) which fund on-going costs of operating supportive services in supportive housing developments. Berkeley non-profit developer Resources for Community Development (RCD), in coordination with Berkeley Oakland Support Services (BOSS) received a supportive housing grant under the Supportive Housing Program in 1995. RCD and BOSS hope to locate an appropriate property in order to use the HUD grant because they must establish site control by July 1, 1996.

There are several rental assistance programs operating in Berkeley that can be used



by people with HIV disease. These programs are generally funded by HUD and include the Section 8 certificate or voucher programs operated by the Berkeley Housing Authority; the Shelter Plus Care program, intended for use by homeless disabled people with low incomes; and other emergency rental assistance programs operated by BOSS that work to prevent evictions and maintain people in stable housing.

The Task Force acknowledges two realities of housing programs. First, rental assistance programs can help people almost immediately, but their long-term funding cannot be assured. Second, with capital construction, the costs must be subsidized up-front, but the affordable housing they create can last for a generation. Both programs are expensive. In particular, funding for capital costs is challenging, requiring a developer often to leverage three or more funding sources to meet the anticipated development budget of a project.

*Fortunately, the Task Force reports that Alameda County will release a request for proposals for its HIV/AIDS housing-related funding once the County adopts its own multi-year plan for HIV/AIDS housing. Other funds for support services will be made available by HUD later this winter or early spring. This schedule will provide opportunities for developers and service providers to leverage funds made available by Berkeley with funding from both Alameda County and HUD. If Berkeley moves quickly, these funds can be committed to housing and services for people with HIV disease in a timely and efficient manner.*



## 6. TASK FORCE RECOMMENDATIONS TO THE MAYOR ON HIV/AIDS HOUSING

*Because of epidemiological data, the Mayor's HIV/AIDS Housing Task Force knows that the HIV epidemic is growing. As a result, the Task Force can reliably predict that there will be increasing numbers of people with HIV disease who are homeless, living in substandard housing and/or living in settings that do not meet their basic needs for health and survival. In addition, the Task Force learned from the needs assessment that low-income people with HIV disease are particularly vulnerable to homelessness, either today or in the past; and that the most beneficial and cost-effective health care for people with HIV disease is most effectively administered when those suffering the disease have stability in their housing situations.*

The Task Force's recommendations seek to integrate the City's objectives and actions with the special needs of people disabled with HIV disease.

### RECOMMENDED PRIORITY

Given scarce funding resources available to the City of Berkeley to house people with HIV disease, the Task Force recommends the following:

That the priority for this funding be given to housing for low-income people disabled by HIV disease, with special consideration for projects that serve homeless people or those at risk of homelessness, and said projects be linked with case management, health care and supportive services that promote and improve quality of life.

### OBJECTIVES

The following objectives for the development of housing and related services emerged from the deliberations of the Task Force. No hierarchy is intended between or among these objectives:

1. Use Housing Trust Fund set-aside dollars for acquisition and rehabilitation of existing housing linked to supportive services which can meet State licensing requirements, for persons disabled with HIV disease.
2. Increase housing options for very low-income people living with HIV disease with special consideration for the homeless.
3. Create HIV-specific housing linked to health care and supportive services that targets people with multiple disabilities, such as mental illness and substance abuse.
4. Use tenant-based rental assistance to:
  - a. house homeless people with HIV disease, and
  - b. prevent homelessness for those already housed, especially for very low-income people disabled by HIV disease.



5. Encourage a centralized housing information and placement databank in Berkeley, coordinated with Alameda County's databank. This databank should include all AIDS service providers to improve access by people with HIV disease to housing resources and ensure equity in access to housing for people with HIV disease.

## IMMEDIATE ACTION RECOMMENDATIONS TO THE MAYOR

The Mayor's AIDS Housing Task Force here presents its recommendations to Mayor Shirley Dean. The Task Force recommendations were arrived at by correlating the estimate of demand to the resources available. These recommendations are intended to stimulate action by the City Council and other entities concerning each of the priority objectives stated in this report. In addition, the Task Force includes recommendations for action on the \$500,000 set-aside in the City's Housing Trust Fund.

The Task Force recommends that the Mayor ask the City Council to:

- Establish immediate local preference for homeless people disabled with HIV disease to determine the assignment of currently available Shelter Plus Care certificates, to the extent that appropriate matching services exist.

*Estimated number assisted: 10 to 20 people*

- Pursue HUD monies in the next round of funding available that will target Shelter Plus Care certificates to homeless low-income people with HIV disease and request matching services funds under the next Supportive Housing Program round.

*Estimated number assisted: unknown additional people*

- Create a rental assistance program dedicated to assisting Berkeley residents with HIV/AIDS. The program should include eviction prevention through long-term shallow rental subsidies (averaging no more than about \$150 to \$200 per month). The Task Force estimates that funding such a program (see Table 5, Chapter 5) at \$175,000 for 24 months would assist up to 80 people. The funding source for the \$175,000 is the Council-approved set-aside of \$500,000 in the Housing Trust Fund.

*Estimated number assisted: up to 80 people*

- Make available up to \$325,000 of the remaining set-aside funds for a permanently affordable housing project to acquire, convert, rehabilitate, and/or upgrade either of the following:
  - 1) An existing licensed facility to provide supportive housing for an independent or group living situation



OR

2) An existing residential building as a licensable independent or supportive housing program.

(Assume 4 to 12 beds, depending on ability to leverage other sources of funds.)

*Estimated number assisted: from 4 to 12 people*

*Cumulative estimated number assisted: up to 112 people*

- Direct the City Manager to prepare a Request for Proposals as soon as possible that would make available a development loan agreement for competitive bid for a licensable supportive or independent housing project, excluding new construction, dedicated to low-income people disabled with HIV disease. The Task Force recommends limiting administrative costs of the program to 5 percent of total funding.
- Direct the City Manager to prepare an RFP as soon as possible to make available a contract for a qualified agency to administer the HIV disease rental assistance program recommended here. The Task Force recommends limiting administrative costs of the program to 5 percent of total funding.

## FUTURE HIV/AIDS HOUSING PROJECT PROPOSALS

The Task Force recommends that the Mayor recommend to the City Council that:

- in Housing Trust Fund application cycles, "mixed projects" which set aside units for people with HIV disease who may not be disabled should be considered for Fund assistance. Such units should be disabled adaptable so that a person with HIV/AIDS can reside in the unit as long as possible and have the unit adapted as needs change.

## RENTAL ASSISTANCE

The Task Force recommends that:

- the Mayor recommend to the Board of the Berkeley Housing Authority that a ranking preference be adopted in the Housing Authority's *Administrative Plan* to HUD that enables homeless and low-income people with HIV disease to receive available Section 8 certificates or vouchers as quickly as possible, as well as preferential interviewing for admission to available public housing units in Berkeley.
- the Mayor recommend to the City Council that a continuing rental assistance program specific for people with HIV disease be created from General Fund dollars.



## CONTINUITY OF THE CITY'S RESPONSE AND COORDINATION OF RESOURCES

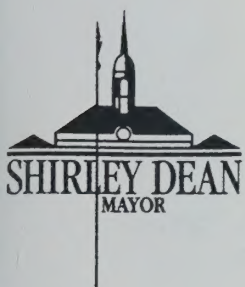
The Task Force further recommends that:

- the City Manager monitor and evaluate the use and cost-effectiveness of the rental assistance program annually and report back to the City Council.
- the City Manager and the Berkeley Housing Authority provide fair housing access counseling to all eligible rental assistance program participants assisted by the City of Berkeley (including Shelter Plus Care recipients and rental assistance program users). This action should provide people the City assists with information about their rights as consumers of housing in Berkeley.
- the Mayor recommend to the City Council that additional Housing Trust Fund resources be prioritized for provision of supportive housing for low-income HIV-disabled people in future application periods.
- the Mayor recommend to the City Council that the City Manager require coordination (using existing City staff) of all AIDS housing efforts in Berkeley with the larger sources available from HUD and Alameda County for supportive housing, housing referral services and social services.
- the City should also seek to encourage owners of existing City-sponsored affordable housing properties to make people disabled with HIV disease a preference in their affirmative marketing strategies and in their leasing and sales activities.
- the Mayor recommend to the City Council that the Council endorse creating a position of HIV/AIDS Coordinator to improve and coordinate the City's HIV prevention and education efforts, as described in the City's draft *HIV Prevention Plan*. The funds for this position have been allocated to the City of Berkeley by the State of California Department of Health Services, Office of AIDS.









## **APPENDICES TO THE REPORT**

### **The Mayor's HIV/AIDS Housing Task Force**

**City of Berkeley  
January 1996**







## APPENDIX 1

### GLOSSARY

**AFDC** Aid to Families with Dependent Children. This is a category of assistance found in Social Security, Medicaid and other assistance programs.

***Affordable Housing***

Affordable housing is generally defined as housing in which the occupant is paying no more than 30 percent of gross income for gross housing costs, including utility costs.

***AIDS***

Acquired Immunodeficiency Syndrome: A disorder of the immune system caused by the HIV virus, that diminishes the body's response to infectious organisms and certain cancers. AIDS is labeled a syndrome because it can affect people in a multitude of ways, causing various illnesses in different individuals.

***ARF (Adult Residential Facility) License***

A state-conferred license for any facility of any capacity which provides 24-hour-a-day non-medical care and supervision to adults except elderly persons.

***Assisted Living***

A level of care that is less than skilled nursing but higher than congregate care. Assisted living facilities include some degree of support for activities of daily living (ADLs) and some health care monitoring. All assisted living programs provide assistance with sanitation, dressing, bathing and transfers. An assisted living project may have services that are provided contractually or by a combination of paid and volunteer staff.

***California Department of Social Services (DSS)***

The agency of the State of California responsible for regulating licensed residential health care facilities group homes and social rehabilitation facilities. DSS's Community Care Licensing Program is the specific entity charged with regulation of community care facilities such as these.

***Capitation***

A stipulated dollar amount established to cover the cost of health care delivered for a person. The term usually refers to a negotiated per capita rate to be paid periodically, usually monthly, to a health care provider. The provider is responsible for delivering or arranging for the delivery of all health services required by the covered person under the conditions of the provider contract.

***Community Development Block Grant (CDBG)***

HUD grant funding program to cities and states to fund a broad range of activities directed toward eliminating slums and blight, preventing deterioration of residential and public facilities, and providing community services and facilities, principally for the benefit of low and moderate income persons.

***Dependent care housing***

Permanent housing except Hospice Home Care, outside of the skilled nursing facility (SNF). Includes on-site (including Hospice Home Care) counseling, social services and case management.

***Disability***

The inability to engage in substantial gainful activity (e.g., employed in a job), by reason of



## APPENDIX 1: AIDS Related Housing Glossary

any medically determinable physical or mental impairment that can be expected to result in death or which can be expected to last for a continuous period of not less than 12 months.

### *Emergency shelters*

Publicly or privately operated facilities in which supervised beds and sleeping spaces are provided for persons or families who do not have access to their own permanent, standard, night-time sleeping space.

### *General Assistance (GA)*

GA is a County-funded program that provides basic emergency assistance to those in need. Benefits: approximately \$345 per month. Eligibility requires:

- over 18 years old and a U.S. citizen or resident
- declaration of Alameda County residency
- identification - usually a California driver's license or ID card
- liquid assets of \$25 or less
- net monthly income at time of application of \$340 or less

### *Group Homes*

A licensed facility which provides 24-hour non-medical care and supervision to children, provides services to a specific client group and maintains a structured environment, with such services provided at least in part by staff employed by the licensee. Since small family and foster family homes, by definition, care for six or fewer children only, any facility providing 24-hour care for seven or more children must be licensed as a group home.

### *Handicap*

An impairment that (1) is expected to be of long-continued or indefinite duration, (2) substantially impedes the ability to live independently and (3) is of such a nature that this ability could be improved by more suitable housing conditions.

### *HIV*

Human Immunodeficiency Virus: This virus damages the class of infection fighting cells called T<sub>4</sub> cells. The virus infects T<sub>4</sub> cells. After entry into the T<sub>4</sub> cells, the virus inserts itself into the genes at the heart of the cell. The virus reproduces within the cell and eventually kills the host T<sub>4</sub> cell. As the number of infection fighting T<sub>4</sub> cells are reduced, the body loses its ability to fight life-threatening infections and cancers.

### *HOME (HOME Partnership for Investment Program)*

HOME is a HUD formula-based grant to states and cities to implement local housing strategies intended to increase home ownership and permanently affordable housing opportunities for low and very low-income households. Eligible uses include tenant based rental assistance, housing rehabilitation and first-time home buyer assistance. HOME funds can be used for site acquisition, site improvements, demolition and relocation. Participating jurisdictions must match HOME funds with non-federal funds in an amount that varies according to the type of activity undertaken.

### *Homeless*

A person without permanent, standard, night-time housing.

### *Hospice*

A level of care based on the philosophy of *palliative care* for terminal illness. The services provided in a hospice facility often include nursing care, treatments, dietary services and pain medication. Typically, hospices do not attempt to cure the diseases; they attempt to ease suffering. *Palliative care* is a philosophy focusing on easing the pain and suffering of a patient.



## APPENDIX 1: AIDS Related Housing Glossary

without aggressively attempting to treat or cure the underlying pathology. Primary concerns of hospice care are pain and symptom management that are associated with the disease and the grieving process for the patient and the family. A person is kept home as long as possible or desirable. Maintaining a person's dignity and enhancing the quality of their life is vital.

### *Hotel and Motel Vouchers*

Payments from various public and private sources to hotel and motel proprietors, used to pay for hotel and motel rooms on a temporary or emergency basis for persons unable to secure or afford their own housing.

### *Housing*

Building(s) or unit(s) constructed or modified for the purpose of residential use, including a range of types: emergency shelter, transitional housing, single family dwellings, apartments, condominiums, group homes, skilled nursing facilities, board and care and hospice care facilities.

### *Housing Opportunities for People with AIDS (HOPWA)*

HUD funded program that provides grant funds and local governments to design long-term comprehensive strategies for meeting the housing needs of low-income (less than 80% of the area median) people and their families living with HIV/AIDS. HOPWA eligible activities include:

- Housing information services.
- Resource identification to establish, coordinate and develop housing assistance resources.
- Acquisition, rehabilitation, conversion, lease and repair of facilities to provide housing and services.
- New construction (for single room occupancy dwellings and community residences only).
- Project or tenant based rental assistance.
- Short-term rent, mortgage, and utility payments to prevent homelessness.
- Supportive services including (but not limited to) health and mental health assessment; permanent housing placement, drug and alcohol abuse treatment and counseling, day care, nutritional services, intensive care when required and assistance in gaining access to local, state, and federal government benefits and services.
- Operating costs for housing including maintenance, security, operations, insurance, utilities, furnishings, equipment, supplies, staff training and recruitment and other incidental costs.
- Technical assistance in establishing and operating a community residence, including planning and other predevelopment or pre-construction expenses.
- Administrative expenses, which may not exceed 10%. Grantees may contribute 3% and sponsors 7%.
- Any other activity proposed by the applicant and approved by HUD.

### *Housing Trust Fund (HTF)*

A pool of funds from various sources whose purpose is to provide gap financing for preserving and constructing permanently affordable housing in Berkeley. Sources of funds include development mitigation fees, federal Community Development funds, Berkeley General Fund, and HOME funds. A key priority for HTF assistance is preservation and construction of permanently affordable housing for people with special needs.

### *Independent Living*

A situation in which each resident can maintain full social and physical functioning and activities of daily living (e.g., sanitation, dressing, bathing and transfers without assistance). Each resident maintains fully functioning activities of daily living without assistance.



Volunteer-based services can greatly assist those whose health status fluctuates over time. Common tasks could include emotional support, transportation assistance and household chores. Can include on-site counseling, social services and case management.

### *Low-Income*

Households whose incomes are at or below 50 percent of the median income for the Oakland-Berkeley metropolitan statistical area, as determined by HUD. Currently for a family of four having an income of \$27,700 annually would be considered low-income.

### *Managed Care*

A system of health care delivery that influences use and cost of services and measures performance. The goal is a system that delivers value by giving people access to quality, cost-effective health care.

### *Medi-Cal*

A state and federal medical assistance program providing health insurance to persons with low- or no- income, and real and personal property within the limits established by the program. Medi-Cal is California's Medicaid Program. Medi-Cal is available to certain families or individuals meeting eligibility requirements such as: AFDC; aged 65 or older, disabled/blind; refugee in the country 18 months or less; or children under 21 years of age where no AFDC deprivation exists.

California has established special programs for people with HIV/AIDS. The CARE/HIPP program is part of the State's Ryan White CARE Act private health insurance continuation program. The AIDS Medi-Cal Waiver Program (MCWP) provides home and community-based services to Medi-Cal recipients in lieu of placement in a nursing facility or hospital and in addition to other health care services already available under the regular Medi-Cal program. Availability of MCWP depends upon symptomatic HIV disease/AIDS diagnosis and strict program eligibility requirements.

### *Medicare*

A federal hospital health insurance entitlement program for people 65 years old or older, and certain disabled people, and people of any age who have permanent kidney failure. It provides basic protection against the cost of health care, but does not cover all medical expenses. To be eligible you must have worked long enough and recently enough to get Social Security benefits or railroad retirement, or are entitled to benefits based on spouse's work record, or have worked long enough for Federal, State, or local government to be insured for Medicare.

### *Moderate Income*

Households whose incomes are at or below 80 percent of the median income for the Oakland-Berkeley metropolitan statistical area, as determined by HUD. Currently, a family of four having an income at or below \$44,400 in Berkeley annually would be considered moderate income; however, HUD also caps moderate income at 80 percent of the *national median household income* where high income regions occur, such as the Bay Area; hence, for income qualification purposes, HUD considers East Bay households with incomes at or below \$40,200 annually as having moderate incomes.

### *Primary Benefits for Disabled People*

The Social Security Administration offers two programs for people with disabilities: Supplemental Security Income and Social Security Disability insurance (SSDI, sometimes called SSA). Both programs assess one's medical condition to determine disability, defined (for SSI and SSDI) as "any medical condition, physical or mental, that prevents or is expected to prevent you from working for at least 12 months."



## APPENDIX 1: AIDS Related Housing Glossary

### *RCF-CI (Residential Care for the Chronically Ill) License*

A residential housing arrangement with a maximum capacity of 25 residents that provides a range of services to residents who are either or both of the following:

- Adults or emancipated minors who have HIV disease or AIDS;
- Family units in which at least one member has HIV disease or AIDS.

NOTE: *RCFE (Residential Care for the Elderly) license* is similar in the nature of care and supervision to RCF-CI, but is limited to people age 65 or over.

### *Ryan White CARE (Comprehensive AIDS Resources Emergency) Act*

This Act provides federal funding to meet emergency service needs in disproportionately impacted Cities (Title I), to provide health care and support in the 50 states (Title II) and to provide early intervention services specifically for people with HIV disease (Title III).

### *Section 8 Certificates*

HUD funded rental subsidy program. Section 8 certificates allow tenants who meet income guidelines (rent takes up at least 50% of median income) to pay only 30% of their income for renting privately owned apartments that meet Section 8 criteria. There are two kinds of Section 8 certificates: those that are tied to specific units, and those that are transportable throughout the city or the county.

### *Section 811*

HUD funding that assists private nonprofit organizations to develop (construct, acquire, or rehabilitate) supportive housing. Section 811 funds come in two forms: construction funding and ongoing rental assistance. Section 811 requires that projects provide basic services to residents, but offers no funding mechanism for those services.

### *Shelter Plus Care*

HUD-sponsored rental housing assistance linked with supportive services that are funded through other federal, state or local resources. The assistance is available to people who are homeless and have disabilities (primarily due to serious mental illness, chronic substance abuse problems, or AIDS and related diseases) and their families. The Shelter Plus Care program can provide rental assistance in both group settings and individual units.

### *Skilled Nursing Facility (SNF)*

A state-licensed facility where continuous skilled nursing observations, restorative nursing and other services are provided under professional direction with frequent medical supervision. Care provided for patients in the post-acute phase of illness or during recurrences of symptoms in long-term illness.

### *Social Security Disability Insurance (SSDI, or SSA)*

SSDI is a federal insurance program for people who have a recent work history and whose employers paid Social Security taxes (FICA). SSDI assesses one's employment history and provides monthly payments to persons who become disabled and worked long enough and recently enough under Social Security. Benefits are available starting at any age. (If receiving SSDI when age 65 is attained, those benefits become retirement benefits, although the amount remains the same). Certain family members can also draw disability benefits based upon the program contributions of a parent or spouse. Eligibility requirements are:

- disabled
- you must have paid into the Social Security system for 5 out of the last 10 years.

SSDI benefits include:



## APPENDIX 1: AIDS Related Housing Glossary

- no fixed amount - benefits depend on how much and how long you paid into the Social Security system.
- Average range is \$550 to \$750 per month
- Current maximum benefit is approximately \$1,100 per month.

### *State Disability Insurance*

Provides income for up to 52 weeks based upon the inability to work due to illness or injury (not work related). Eligibility is tied to work history and earnings.

### *Supplemental Security Income (SSI)*

SSI is a federal public assistance program that provides monthly income to people who are 65 or older, or blind, or have a disability and real and personal property and monthly income are within limits established by the program. SSI assesses one's current financial (income and assets) and living situation. In most states when you receive SSI, you also receive Medicaid (Medi-Cal). Eligibility requirements include:

- disabled
- assets less than \$2,000
- monthly income less than \$620
- if you own a house, you must reside in it
- if you own a car, it must be worth less than \$4,500

Resources not included in the determination of assets:

- plot or burial funds set aside no exceeding \$1,500, and
- insurance policies valued at \$1,500 or less

SSI benefits include: \$620 per month; \$698 per month if you have no cooking facilities.

### *Substandard Housing*

Unit does not provide safe and adequate shelter and its present condition endangers the health, safety or well-being of the residents, has one or more critical defects, or has a combination of intermediate defects in sufficient number to require considerable repair or building.

### *Supportive Housing*

Housing with supportive services to people who were homeless and to people with disabilities, including AIDS. The supportive services can include a wide range of services including case management. Services can be provided either on or off-site.

### *Supportive Services (Support Services)*

Supportive Services can include a wide range of services (all having the purpose of facilitating the day-to-day activities of people living with AIDS.) These services can include but are not limited to: grocery shopping, bathing and dressing, meal preparation, health and mental health care, house cleaning, drug and alcohol abuse treatment and counseling, day care, nutritional services, and all levels of health care when required.

### *Transitional Housing*

Transitional housing provides interim housing for people coming from emergency housing/shelters or from mental health or drug treatment programs. Usually, the tenants are waiting for a permanent placement and may remain in transitional housing for several weeks, months or even as long as a year. Some transitional housing programs offer a combination of case management services, emotional and practical support and rehabilitation and training programs.



## APPENDIX 1: AIDS Related Housing Glossary

### *Utilities*

Include heat, cooling, lights, water, garbage, but not usually telephone service.

Sources: *Breaking New Ground*, Donald Chamberlain and Betsy Lieberman, published by AIDS Housing of Washington, 1993; San Francisco AIDS Housing Plan, October 1994; and *Public Housing: A Guide for AIDS Service Organizations, Caseworkers and AIDS Advocates*, published by AIDS Housing of Washington, Seattle Housing Authority and LIFEbeat, February 1995; United HealthCare Corporation, "A Glossary of Terms (concerning managed care system)," n.d.; California Department of Social Services, Community Care Licensing Division, *General Licensing Requirements, Group Homes, Adult Residential Facilities*, and *Residential Care for the Chronically Ill Facilities*.





Findings from the  
Alameda County  
HIV/AIDS Housing Survey  
for  
Berkeley, California

December, 1995



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# Findings from the Alameda County HIV/AIDS Housing Survey for Berkeley, California

## Introduction

This report presents selected findings from the 1995 Alameda County HIV/AIDS Housing Survey, a needs assessment of persons living with HIV or AIDS in Alameda County. The survey was designed to gather information about the housing needs of people living with HIV or AIDS. This report presents data only on people who live in Berkeley (n=103) and on those residents of Alameda County who have indicated that they would like to live in Berkeley (n=243, 93 of whom currently live in Berkeley).

The report is comprised of three major sections. Section I presents an overview of the respondents who currently live in Berkeley, including general demographic information such as gender, ethnicity, income, HIV status, and a variety of housing-related variables. Section II presents information on Berkeley respondents' housing needs and preferences. Section III presents demographic information about respondents who live throughout Alameda County and have expressed an interest in living in Berkeley. The section also summarizes their housing needs and preferences.

## Survey Methodology

In early 1995, a convenience sample (non-randomized) of people living with HIV/AIDS throughout Alameda County was surveyed using a 40-item paper and pencil questionnaire. The majority of respondents were surveyed by outreach workers recruited from a variety of communities-at-risk (injection drug users, homeless people, low-income, people of color, etc.) throughout the County, including Berkeley. Many were given surveys by case managers and other service-providers. A total of 617 surveys were completed. This report presents finding only from respondents living in Berkeley or wishing to live in Berkeley.

The sample does not precisely mirror the *epidemiological profile* of the HIV/AIDS epidemic in Alameda County, so it is not a representative sample of people living with HIV/AIDS in Alameda County. However, due to the over-sampling of communities of people at greatest risk of *poverty* (women, people of color, injection and other drug-users), it is likely that the sample more closely represents consumers of publicly-supported HIV/AIDS housing resources.



## Section I

# Respondent Demographics

A total of 103 questionnaires were completed and returned by HIV positive or AIDS-diagnosed people living in Berkeley at the time of the Alameda County HIV/AIDS Housing Needs Assessment. In the final section of this report, information about respondents in other communities in Alameda County who indicated an interest in living in Berkeley is included as well. A total of 243 respondents are included in that section of the report, 93 (or 38%) of whom live in Berkeley.

### **Gender, Ethnicity, and Sexual Orientation**

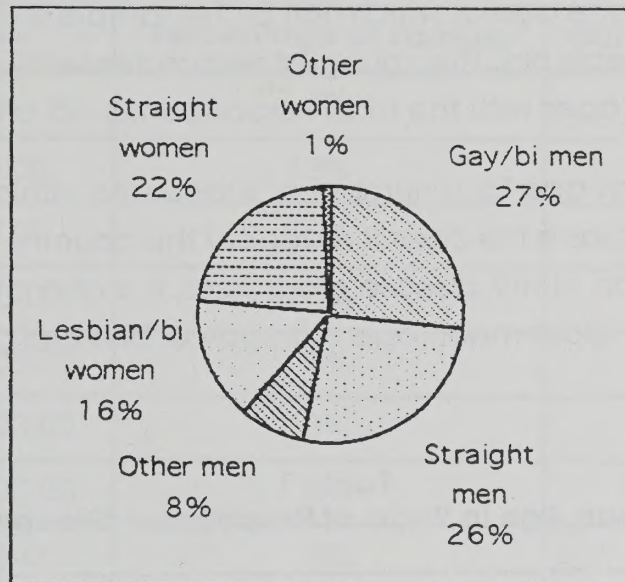
Fifty-nine percent (n=61) of the respondents are men, 38% (n=40) are women. One respondent declined to give her/his gender, and one is transgender, male to female.

Sixty-four percent of the sample identify as African American. Nineteen percent identify as Hispanic and 13% identify as Caucasian. The remaining four percent is comprised of mixed race individuals (n=2), a Chinese respondent, and a respondent who did not indicate his/her ethnicity.

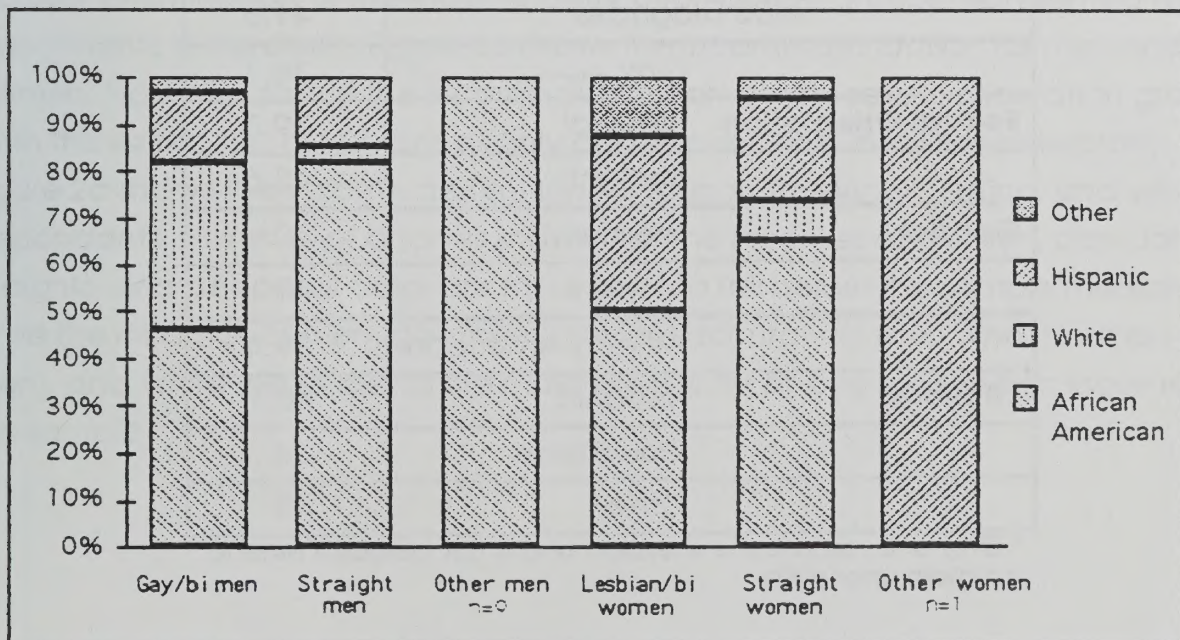
There is one lesbian respondent (more accurately, this is a woman who has sex only with women), 23 (22%) gay male respondents (again, more accurately, these are men who have sex only with other men), and 20 (19%) bisexual respondents. Heterosexuals constitute the largest group of respondents at 50, or 49% of the sample. Nine respondents did not indicate their sexual orientation. Figure 1a shows the proportions of the sample by gender and sexual orientation. In some cases, sexual orientation is not known and these respondents are in an "other" category. Figure 1b expands on Figure 1 by showing the ethnicity of members of each gender/sexual orientation subgroup of the sample.



**Figure 1a**  
**Gender and Sexual Orientation of Respondents**



**Figure 1b**  
**Ethnicity by Gender and Sexual Orientation of Respondents**



### HIV Status

Sixty-two percent of the sample (n=64) are HIV positive. Of these, 16 respondents are completely asymptomatic. The other 48 respondents have some HIV-related symptoms but do not have an AIDS diagnosis. Thirty-eight percent of the sample (n=39) have been diagnosed with AIDS.



### Age of Respondents

The mean, or average, age of respondents is 40.3 years old (standard deviation is 9.9). The median age--the age at which half of the sample is younger and half the sample is older--is 41 years old. The youngest respondent is 22 and the oldest is 72. There are two modes (ages with the most respondents): 45 and 47.

Table 1 shows the mean age for a number of subgroups within the sample. It's interesting to note that, as is the case throughout the country, the mean age increases as progression of HIV disease progresses. It is also interesting that heterosexuals have an older mean age than gay or bisexual groups.

**Table 1**  
**Mean Age In Years of Respondent Groups**

| Group              |                                 | Mean Age |
|--------------------|---------------------------------|----------|
| HIV Status         | HIV Positive, no symptoms       | 36.2     |
|                    | HIV Positive, w/ symptoms       | 40.5     |
|                    | AIDS Diagnosis                  | 41.6     |
| Sexual Orientation | Gay (men who have sex w/ men) * | 38.7     |
|                    | Bisexual                        | 39.3     |
|                    | Straight                        | 42.6     |
| Gender             | Women                           | 40       |
|                    | Men                             | 41       |
| Ethnicity          | African American                | 39.4     |
|                    | Hispanic                        | 40.7     |
|                    | Caucasian                       | 44       |
|                    | Other                           | 45       |

\* Only one respondent is lesbian and is not included here to maintain anonymity.

### Income

Table 2 shows the distribution of respondents across income categories. The median income across all respondents is \$501.00 to \$750.00. Eight respondents (8% of the sample) did not give income data on the questionnaire.

## APPENDIX 2

**Table 2**  
**Monthly Income Distribution for All Respondents**

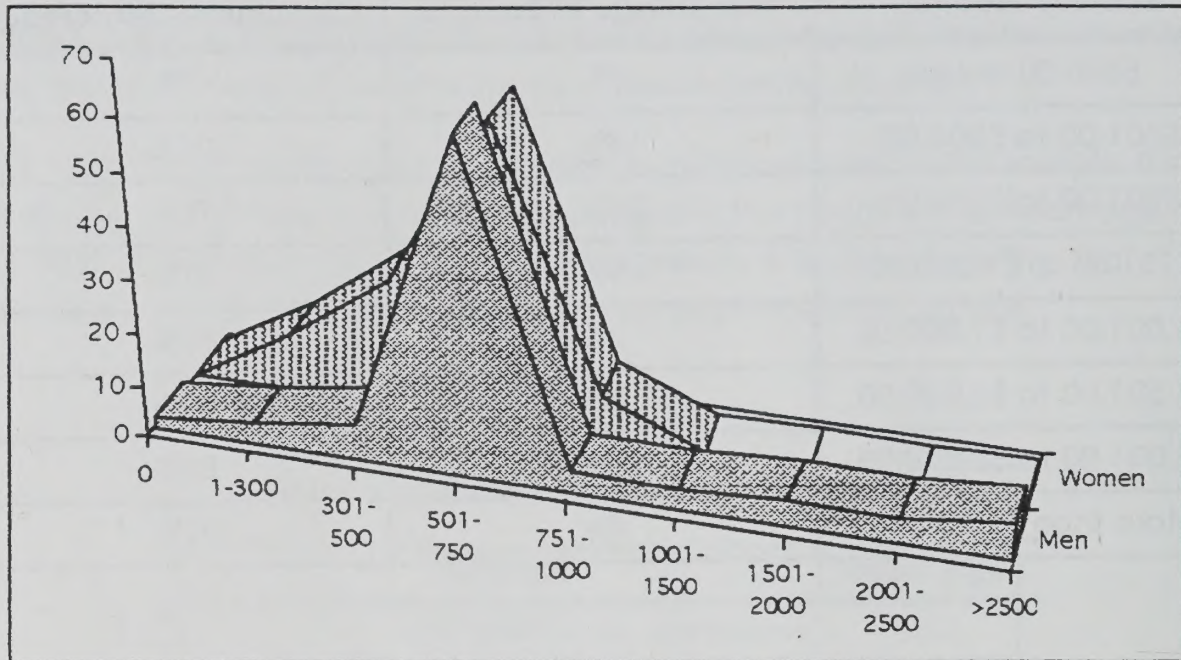
| Monthly Income           | Percentage of Sample | Cumulative Percentage |
|--------------------------|----------------------|-----------------------|
| \$300.00 or less         | 7%                   | 7%                    |
| \$301.00 to \$500.00     | 13%                  | 20%                   |
| \$501.00 to \$750.00     | 56%                  | 76%                   |
| \$751.00 to \$1,000.00   | 5%                   | 81%                   |
| \$1,001.00 to \$1,500.00 | 2%                   | 83%                   |
| \$1,501.00 to \$2,000.00 | 3%                   | 86%                   |
| \$2,001.00 to \$2,500.00 | 3%                   | 89%                   |
| More than \$2,500.00     | 4%                   | 92%                   |

Perhaps more relevant to housing planning for those in greatest financial need is a closer examination of the income distribution across groups represented by respondents in this study. Figure 2a shows the income distribution for men and women. Figure 2b shows the income distribution across sexual orientation groups (with the exception of lesbians as only one respondents identifies as lesbian). Figure 2c shows the income distribution for African American, Latino, and white respondents. This level of analysis shows that the incomes of women, bisexuals, straights, and people of color are more likely to fall below the sample median, while the incomes of men, gay men (or more accurately, men who have sex with men), and white respondents are more likely to lie above the median income for the sample.

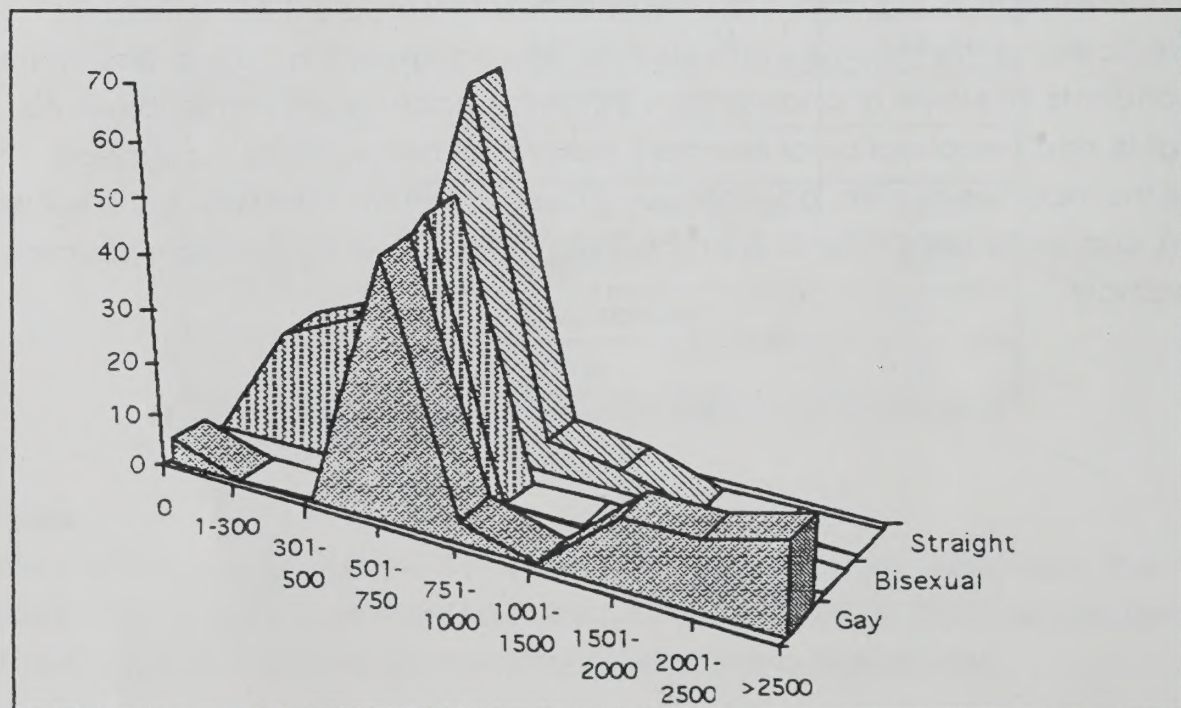


## APPENDIX 2

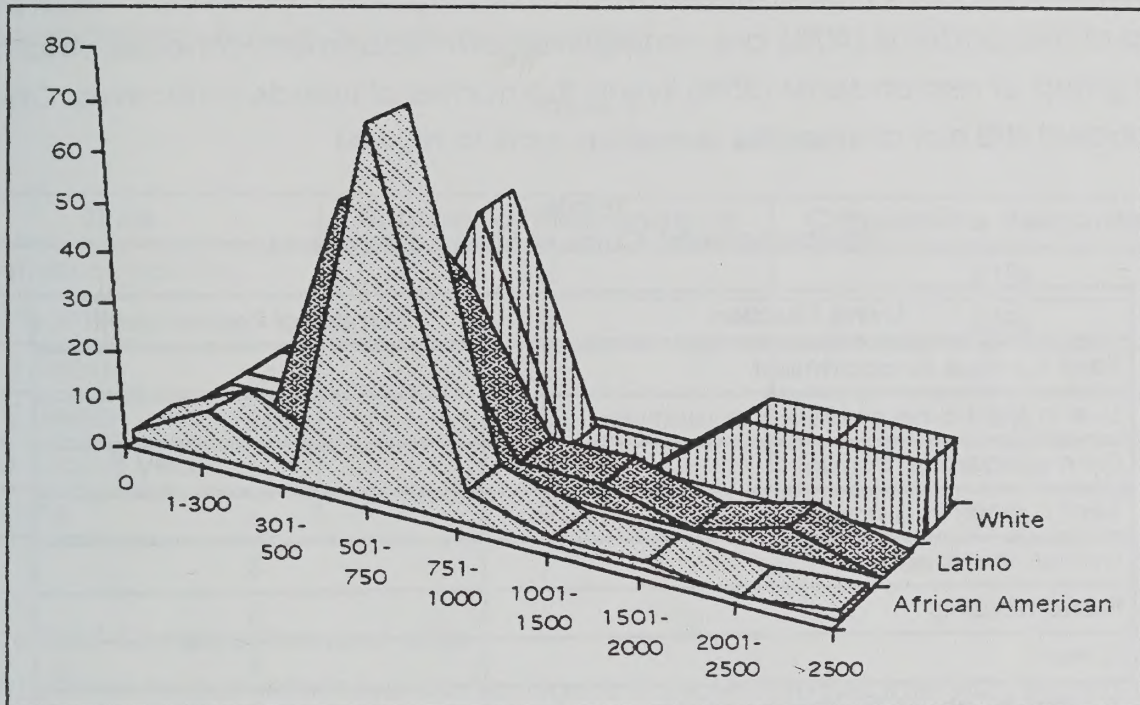
**Figure 2a**  
**Monthly Income Distribution, in dollars, for Men and Women**  
Vertical Axis is Percentage of Gender Group



**Figure 2b**  
**Monthly Income , in dollars, for Gay, Bisexual, and Straight Respondents**  
Vertical Axis is Percentage of Sexual Orientation Group



**Figure 2c**  
**Monthly Income Distribution, in dollars, by Ethnicity**  
 Vertical Axis is Percentage of Ethnic Group



### ***Income Assistance Among Respondents***

Seventeen respondents indicated getting no financial or medical benefits whatsoever. Table 3 shows the number of respondents who indicated receiving specific income benefits and specific health-related benefits.

**Table 3**  
**Respondents Who Receive Income and Medical Benefits**

| Type of Benefit           |                    | Number Receiving Benefit |
|---------------------------|--------------------|--------------------------|
| SSI                       |                    | 55                       |
| GA                        |                    | 14                       |
| <b>Income Assistance</b>  | AFDC               | 6                        |
|                           | SSA/SSDI           | 6                        |
|                           | SDI                | 2                        |
|                           | MediCal            | 10                       |
| <b>Medical Assistance</b> | Private Insurance  | 6                        |
|                           | MediCare           | 2                        |
|                           | Private Disability | 2                        |



### Respondents' Current Living Arrangements

Respondents were asked to indicate the situation in which they are currently living. Table 4 presents the findings from this question and shows that the largest group of respondents (40%) are renting their own apartment or house. Another large group of respondents (35%) live in the homes of friends or relatives. One respondent did not answer this question.

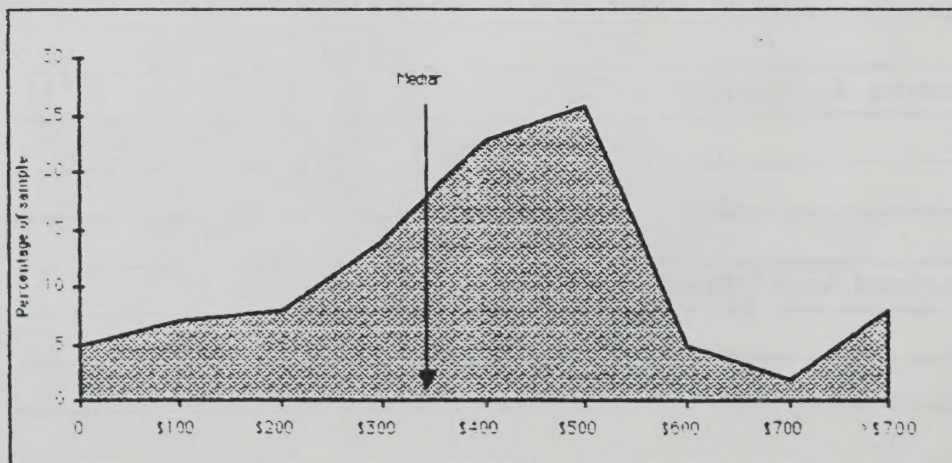
**Table 4**  
**Respondents' Current Living Situations**

| Living Situation                         | Number of Respondents |
|------------------------------------------|-----------------------|
| Rent a house or apartment                | 41                    |
| Live in the home of friends or relatives | 35                    |
| Own a house or condo                     | 8                     |
| Rent a room in a house                   | 6                     |
| Live on the streets                      | 3                     |
| Public housing                           | 3                     |
| Other                                    | 3                     |
| Substance abuse treatment center         | 2                     |
| Halfway House                            | 1                     |

### Monthly Housing Costs

Figure 3 shows the distribution of monthly housing costs paid by respondents. Approximately half of the sample pay \$300.00 to \$500.00. Respondents' median housing costs, or the point at which half the sample pays less and half pays more, is \$350.00.

**Figure 3**  
**Respondents' Monthly Housing Costs**



### ***Length of Time in Current Home***

Approximately half of respondents have lived in their current homes for 1 to 5 years. Table 5 shows the length of time respondents have lived in their homes. One respondent did not answer this question.

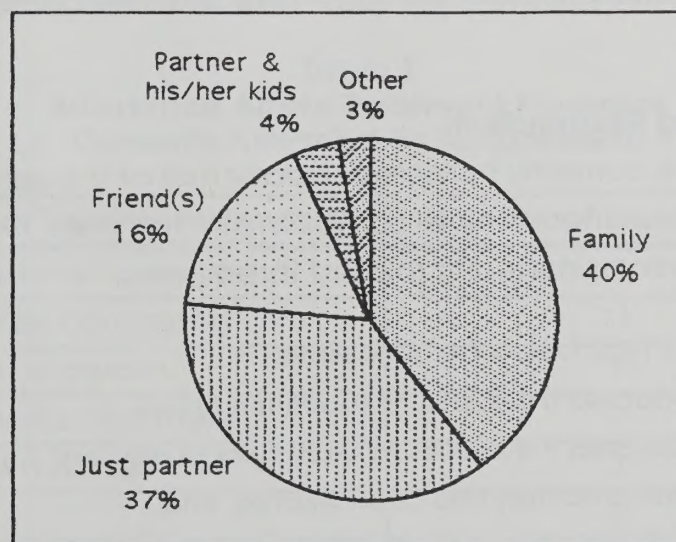
**Table 5**  
**Length of Stay in Current Home**

| <b>Time</b>        | <b>Number of Respondents</b> | <b>Cumulative Percentage</b> |
|--------------------|------------------------------|------------------------------|
| Less than 6 months | 22                           | 21%                          |
| 6-12 months        | 5                            | 26%                          |
| 1 to 3 years       | 32                           | 57%                          |
| 3 to 5 years       | 20                           | 77%                          |
| More than 5 years  | 14                           | 90%                          |
| Entire life        | 9                            | 99%                          |

### ***Household Composition and Size***

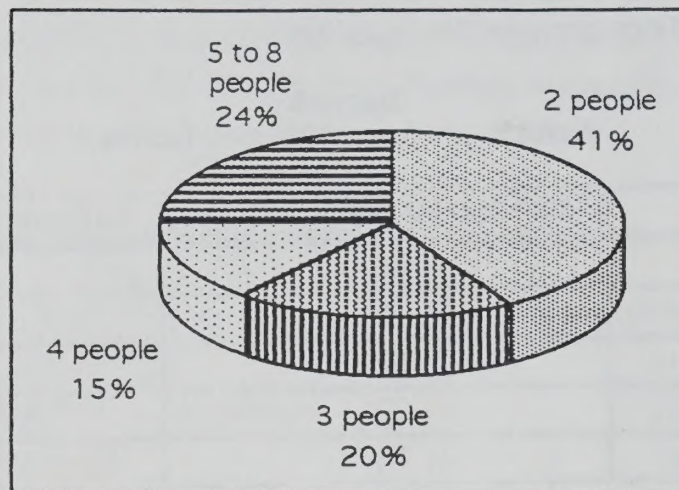
Twenty-three respondents live alone. Figure 4 shows the people with whom respondents currently live, and Figure 5 shows the household size, of respondents who do not live alone. Forty-two respondents indicate that they live with at least one other person who is HIV positive.

**Figure 4**  
**People With Whom Respondents Live**  
*Does not include respondents who live alone*





**Figure 5**  
**Household Sizes of Respondents**  
 Does not include respondents who live alone



### ***Current Housing Assistance***

Fifteen respondents indicate they receive housing assistance. Nine of them receive Section 8 assistance, and one each receive Shelter Plus Care and Ryan White assistance. As noted above, three respondents live in public housing. Assistance type is missing for one of the respondents who indicated receiving assistance.

### ***Housing Waiting Lists***

A minority of respondents are on housing waiting lists. Ten respondents indicate being on a housing waiting list. When asked to check the type of waiting list they are on, five respondents checked Section 8 and one respondent checked Shelter Plus Care.

### ***Homelessness Among Respondents***

Three respondents are currently homeless. Nearly half of the sample (n=45) indicated they had been homeless at some time in their lives. Twenty-one respondents have been homeless in the last three years.

When asked why they had become homeless:

- 19 respondents indicated it was due to substance abuse;
- 11 respondents indicated it was due to an inability to pay rent;
- 7 respondents indicated they had been evicted; and
- 3 respondents indicated they were made to move by someone with whom they were living.

### Respondents' Substance Use

When asked what substances/drugs they use, 23 respondents, or 22% of the sample, indicated they use no substances or drugs. An additional seven respondents use only prescription drugs and no other substance (including alcohol). Table 6 shows the number of respondents who are using specific substances. The number of respondents do not total to the number who use substances as several respondents indicated using more than one substance. In fact, not including alcohol or prescription drugs: 32 respondents use 1 substance, 14 respondents use 2 substances, 9 respondents use 3 substances, and 6 respondents use 4 substances.

**Table 6**  
**Respondents' Substance Use**

| <b>Substance/Drug</b> | <b>Number of Respondents</b> |
|-----------------------|------------------------------|
| Alcohol               | 44                           |
| Marijuana             | 36                           |
| Crack                 | 35                           |
| Heroin                | 24                           |
| Cocaine               | 16                           |
| Other Drug            | 2                            |

### Respondents and Treatment Programs

Thirty-four respondents indicate being in substance abuse treatment programs. Two of those 34 are in two programs. Table 7 shows the types of treatment programs respondents are involved in and the number of respondents in each.

**Table 7**  
**Substance Abuse Treatment Programs**  
**Currently Attended by Respondents**

| <b>Type of Treatment Program</b> | <b>Number of Respondents</b> |
|----------------------------------|------------------------------|
| Methadone treatment              | 11                           |
| Drug-free counseling             | 11                           |
| 12 Step program                  | 7                            |
| Residential treatment            | 2                            |
| Inpatient detox                  | 2                            |
| Other                            | 3                            |



## Section II

### Housing Needs and Preferences

Respondents were asked to rank a number of housing preferences. Tables 8a through 8c present the ranked lists and the percentage of the sample that ranked each item in the top 3 (ranked the item first, second, or third). Table 8c presents a list of options that respondents were asked to rank twice: first with their current preferences and needs in mind, and second, while keeping in mind the needs and preferences they may have if they get sicker from HIV/AIDS. All options are listed in descending order by percent ranking items in the top 3.

**Table 8a**  
**Ranking of Home Preferences**

| <b>Home Preference</b>                           | <b>Percentage of Sample Ranking it in the Top 3</b> |
|--------------------------------------------------|-----------------------------------------------------|
| Live with others of same culture and/or language | 96%                                                 |
| Live in a safe neighborhood                      | 95%                                                 |
| Live where drug and alcohol use is tolerated     | 48%                                                 |
| Live in a clean & sober setting                  | 44%                                                 |
| Live in an accessible building                   | 10%                                                 |

**Table 8b**  
**Ranking of Housing Location Preferences**

| <b>Housing Location Preference</b> | <b>Percentage of Sample Ranking it in the Top 3</b> |
|------------------------------------|-----------------------------------------------------|
| Live close to transportation       | 90%                                                 |
| Live close to friends/family       | 90%                                                 |
| Live close to doctor               | 84%                                                 |
| Live close to shopping             | 35%                                                 |
| Live close to child care           | 1%                                                  |



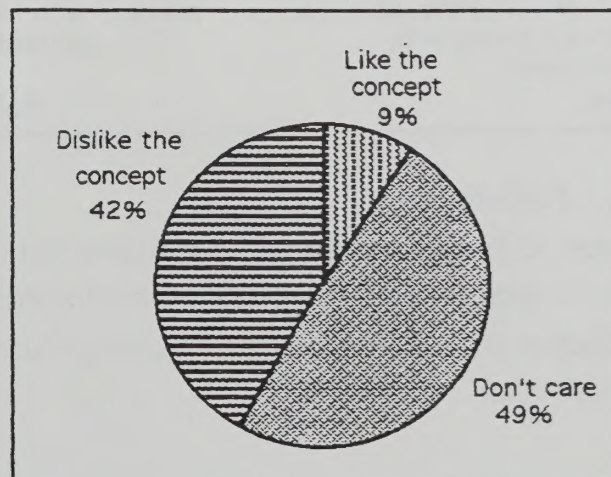
**Table 8c**  
**Ranking of Housing Preferences by Health Status**

| Housing Preference                              | Percentage of Sample Ranking it in the Top 3 | Percentage of Sample Ranking it in the Top 3 if They Become Sicker |
|-------------------------------------------------|----------------------------------------------|--------------------------------------------------------------------|
| Live alone                                      | 85%                                          | 76%                                                                |
| Live with friends                               | 73%                                          | 76%                                                                |
| Live with family/parents                        | 49%                                          | 62%                                                                |
| Live in on-site support services location       | 45%                                          | 54%                                                                |
| Live in apartment w/ other people with HIV/AIDS | 35%                                          | 64%                                                                |
| Live in a residential hospice                   | 9%                                           | 10%                                                                |
| Live in a skilled nursing setting               | 8%                                           | 14%                                                                |

### **Preference for HIV/AIDS-only Housing**

Respondents were asked how they would feel about living in a shared apartment or house in which people who are HIV positive with no physical symptoms and people who are disabled with AIDS live. Figure X shows the distribution of responses. Those who dislike the option were most likely to comment that living with people with AIDS would be depressing and make them discouraged about their own life trajectory. Those who like the idea generally did so because they would value the kindred spirit and mutual support of others who are living with HIV/AIDS. Seventeen percent of the sample did not answer this question. Figure 6 shows the responses of those who did answer the question.

**Figure 6**  
**Respondents' Reactions to the Concept of Housing for the Continuum of Disease Progression**





### Respondents' Housing Dyad Choices

Respondents were offered 6 dyads describing housing situations and asked to choose one option of the two in each dyad. Table 9 presents the results of these questions. Each dyad has missing data which may indicate respondents' dissatisfaction with both options.

**Table 9**  
**Respondent's Housing Choices**

| I Would rather...                                                                       |     |                                                                                                      |
|-----------------------------------------------------------------------------------------|-----|------------------------------------------------------------------------------------------------------|
| pay more rent to have my own apartment<br>73%                                           | vs. | share a less-expensive apartment with others<br>18%                                                  |
| move to another city for a less expensive apartment of my own<br>47%                    | vs. | live close to my current neighborhood in shared housing<br>47%                                       |
| have a private bedroom with shared bathroom in a shared apartment or house<br>38%       | vs. | have a private bedroom with a shared bathroom in a low-income hotel<br>38%                           |
| live in an apartment building where only other people with HIV/AIDS live<br>48%         | vs. | live in an apartment building that mixes people with HIV/AIDS with other low-income residents<br>37% |
| live in my own apartment with occasional in-home support services<br>86%                | vs. | have my own bedroom w/ shared bathroom in a shared house with on-site services<br>9%                 |
| have my own bedroom with shared bathroom in a shared house with on-site services<br>35% | vs. | move in with family or friends permanently<br>53%                                                    |

### Geographical Location Preferences

Respondents were asked to check which cities in Alameda County in which they would like to live. Table 10 reports this information and for those who said they would like to live in Oakland, it presents the specific neighborhoods within Oakland people prefer to live.

**Table 10**  
**Respondents' Geographical Location Preferences**

| <b>City/Neighborhood</b> | <b>Number of Berkeley Respondents</b> |
|--------------------------|---------------------------------------|
| Berkeley                 | 93                                    |
| Other North County       | 12                                    |
| South County             | 2                                     |
| Mid-County               | 1                                     |
| East County              | 1                                     |
| Oakland                  | 51                                    |
| Downtown Oakland         | 62                                    |
| West Oakland             | 49                                    |
| Lakes area               | 48                                    |
| East Oakland             | 27                                    |
| Piedmont                 | 17                                    |
| Oakland Hills            | 13                                    |
| Fruitvale                | 13                                    |
| Chinatown                | 1                                     |



### Section III

## Information About Other Alameda County Respondents Interested in Living in Berkeley

This portion of the report presents information on the Alameda County Needs Assessment respondents who indicated they would like to live in Berkeley. A total of 243 respondents (39% of the entire Alameda County sample) said they would like to live in Berkeley. Thirty-eight percent of the people who want to live in Berkeley are currently living in Berkeley. In addition:

- 34% currently live in Oakland
- 10% currently live in other communities in north county
- 2% currently live in mid-county
- 2% currently live in south county
- 1% currently live in east county, and
- 13% did not list their zip code so their current residence is not known.

### Subsample Demographics

Table 11 presents a demographic summary of the people who would like to live in Berkeley. It shows that this subsample is similar to the sample of people who are currently living in Berkeley, with the following exceptions:

- Caucasians comprise a larger percentage of the sample and people of color, a smaller percentage;
- Men who have sex with men comprise a larger percentage of sample and heterosexuals a smaller percentage;
- There are slightly more men, and fewer women, in this sample than in the Berkeley sample.
- On average, the income level of the two groups are the same. However, in this sample there are 22 people who are currently homeless, most of whom report having no income. conversely, however, there are slightly more people in the higher income categories in this subsample than in the Berkeley sample as well.
- This subsample is slightly younger than the Berkeley sample.
- There is less substance use.

In some cases percentages do not total to 100% of the sample. This is due to missing data.



**Table 11**  
**Overview of Respondents Demographics**  
**for those Wanting to Live in Berkeley**

| Demographic Characteristic |                       | Percentage of Sample |
|----------------------------|-----------------------|----------------------|
| <b>Gender</b>              | Male                  | 65%                  |
|                            | Female                | 32%                  |
|                            | Transgender           | 3%                   |
| <b>Ethnicity</b>           | African American      | 56%                  |
|                            | Caucasian             | 28%                  |
|                            | Latino/Latina         | 13%                  |
|                            | Other                 | 3%                   |
| <b>Sexual Orientation</b>  | Heterosexual          | 37%                  |
|                            | Gay male              | 36%                  |
|                            | Bisexual              | 19%                  |
|                            | Lesbian               | 3%                   |
|                            |                       |                      |
| <b>Income</b>              | \$300.00 or less      | 12%                  |
|                            | \$301-500             | 15%                  |
|                            | \$501-750             | 48%                  |
|                            | \$751-1000            | 5%                   |
|                            | \$1001-1500           | 6%                   |
|                            | More than \$1501      | 8%                   |
|                            |                       |                      |
| <b>HIV Status</b>          | Positive, no symptoms | 19%                  |
|                            | Positive, w/ symptoms | 44%                  |
|                            | AIDS diagnosis        | 37%                  |
|                            |                       |                      |
| <b>Substance Use</b>       | Use none              | 19%                  |
|                            | Use alcohol           | 34%                  |
|                            | Use marijuana         | 29%                  |
|                            | Use crack             | 25%                  |
|                            | Use cocaine           | 14%                  |
|                            | Use heroin            | 15%                  |
|                            | Use other drug        | 1%                   |
|                            |                       |                      |
| <b>Age in Years</b>        | Mean, Median, Mode    | 39.8, 41, 36         |
|                            | Range                 | 22 to 72 years old   |



***Income Assistance Among Alameda Respondents Wanting to Live in Berkeley***

Eighteen percent of Alameda respondents who want to live in Berkeley (as opposed to 16.5% of the Berkeley sample) indicated getting no financial or medical benefits whatsoever. Table 12 shows the number of respondents who indicated receiving specific income benefits and specific health-related benefits.

**Table 12**  
**Income and Medical Benefits of**  
**Alameda County Respondents Who Want to Live in Berkeley**

| Type of Benefit           |                    | Percent Receiving Benefit |
|---------------------------|--------------------|---------------------------|
|                           | SSI                | 41%                       |
|                           | GA                 | 16%                       |
| <b>Income Assistance</b>  | SSA/SSDI           | 14%                       |
|                           | SDI                | 5%                        |
|                           | AFDC               | 3%                        |
|                           | MediCal            | 21%                       |
| <b>Medical Assistance</b> | Private Insurance  | 7%                        |
|                           | MediCare           | 7%                        |
|                           | Private Disability | 3%                        |

**Current Housing Situation**

On average, this subsample is similar in living situations to the Berkeley sample with the following exceptions:

- There is a greater proportion of people who are homeless and a greater proportion who live in shelters, halfway/transitional housing, and substance abuse treatment centers. Forty-five percent of this subsample have been homeless at some time.
- More people in this subsample live alone than in the Berkeley sample (31% compared to 22% respectively) and fewer live with their family/parents (16% compared to 28% respectively).
- More people currently live with their friends or roommates (16% compared to 12%).
- People who live outside of Berkeley pay slightly less for housing than those living in Berkeley. For instance, while 20% of the Berkeley sample pays

\$200.00 or less on monthly housing costs, 27% of the subsample of Alameda respondents pay \$200.00 or less. However, by the \$500.00 or more level, the samples are the same. There are more people in Berkeley spending between \$400.00 and \$500.00 than in the Alameda subsample, but more people in that subsample paying \$400.00 or less than those living in Berkeley.

Table 13 shows exactly where members of the subsample are currently living.

**Table 13**  
**Current Living Situations of those Wanting to Live in Berkeley**

| Living Situation                         | Percentage of Respondents |
|------------------------------------------|---------------------------|
| Rent a house or apartment                | 37%                       |
| Live in the home of friends or relatives | 21%                       |
| Rent a room in a house                   | 10%                       |
| Own a house or condo                     | 6%                        |
| Public housing                           | 6%                        |
| Shelter                                  | 5%                        |
| Live on the streets                      | 4%                        |
| Other                                    | 4%                        |
| Halfway house or transitional housing    | 3%                        |
| Substance abuse treatment center         | 3%                        |
| AIDS housing                             | 1%                        |

### **Housing Preferences of Those Who Want to Live in Berkeley**

Tables 14a through 14c present the same preference data for the Alameda subsample as was presented for the Berkeley sample. However, in these cases they are not listed in descending order of preference. The preference order of the Berkeley sample is listed in order to highlight differences in preferences between the two groups.



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**Table 14a**  
**Ranking of Home Preferences**  
**of those Wanting to Live in Berkeley**

| <b>Home Preference</b>                           | <b>Percentage of Sample Ranking it in the Top 3</b> |
|--------------------------------------------------|-----------------------------------------------------|
| Live with others of same culture and/or language | 83%                                                 |
| Live in a safe neighborhood                      | 97%                                                 |
| Live where drug and alcohol use is tolerated     | 30%                                                 |
| Live in a clean & sober setting                  | 63%                                                 |
| Live in an accessible building                   | 23%                                                 |

**Table 14b**  
**Ranking of Housing Location Preferences**  
**of those Wanting to Live in Berkeley**

| <b>Housing Location Preference</b> | <b>Percentage of Sample Ranking it in the Top 3</b> |
|------------------------------------|-----------------------------------------------------|
| Live close to transportation       | 82%                                                 |
| Live close to friends/family       | 81%                                                 |
| Live close to doctor               | 87%                                                 |
| Live close to shopping             | 46%                                                 |
| Live close to child care           | 4%                                                  |

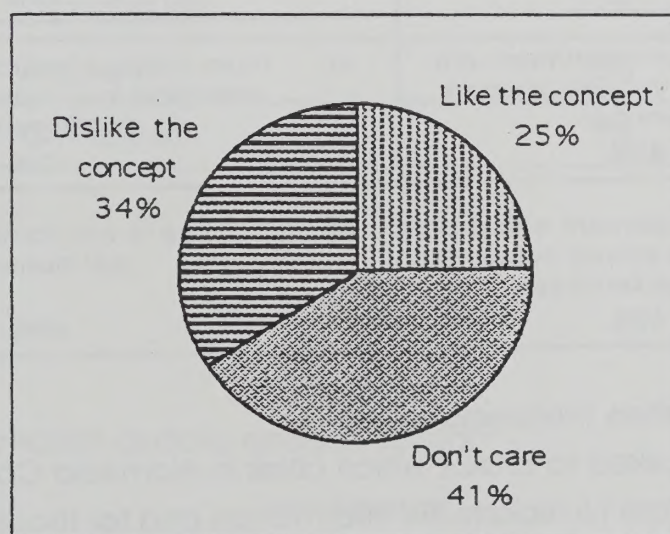
**Table 14c**  
**Ranking of Housing Preferences by Health Status**  
**of those Wanting to Live in Berkeley**

| Housing Preference                              | Percentage of Sample Ranking it in the Top 3 | Percentage of Sample Ranking it in the Top 3 if they Become Sicker |
|-------------------------------------------------|----------------------------------------------|--------------------------------------------------------------------|
| Live alone                                      | 79%                                          | 64%                                                                |
| Live with friends                               | 81%                                          | 62%                                                                |
| Live with family/parents                        | 59%                                          | 62%                                                                |
| Live in on-site support services location       | 38%                                          | 43%                                                                |
| Live in apartment w/ other people with HIV/AIDS | 32%                                          | 31%                                                                |
| Live in a residential hospice                   | 7%                                           | 19%                                                                |
| Live in a skilled nursing setting               | 5%                                           | 20%                                                                |

### Preference for HIV/AIDS-only Housing

The larger subsample of people interested in living in Berkeley were much more favorable to the idea of HIV/AIDS-only housing. Figure 7 shows how people feel about the concept of a shared apartment or house in which people who are HIV positive with no physical symptoms and people who are disabled by AIDS live.

**Figure 7**  
**Respondents' Reactions to the Concept of Housing for the**  
**Continuum of Disease Progression**





### Respondents' Housing Dyad Choices

Respondents were offered 6 dyads describing housing situations and asked to choose one option of the two in each dyad. Table 15 presents the results of these questions. Again, each dyad has missing data which may indicate respondents' dissatisfaction with both options.

**Table 15**  
**Housing Choices of People Who Want to Live in Berkeley**

| I Would rather...                                                                       |     |                                                                                                      |
|-----------------------------------------------------------------------------------------|-----|------------------------------------------------------------------------------------------------------|
| pay more rent to have my own apartment<br>69%                                           | vs. | share a less-expensive apartment with others<br>27%                                                  |
| move to another city for a less expensive apartment of my own<br>54%                    | vs. | live close to my current neighborhood in shared housing<br>42%                                       |
| have a private bedroom with shared bathroom in a shared apartment or house<br>53%       | vs. | have a private bedroom with a shared bathroom in a low-income hotel<br>28%                           |
| live in an apartment building where only other people with HIV/AIDS live<br>40%         | vs. | live in an apartment building that mixes people with HIV/AIDS with other low-income residents<br>46% |
| live in my own apartment with occasional in-home support services<br>85%                | vs. | have my own bedroom w/ shared bathroom in a shared house with on-site services<br>12%                |
| have my own bedroom with shared bathroom in a shared house with on-site services<br>45% | vs. | move in with family or friends permanently<br>48%                                                    |

### Geographical Location Preferences

Respondents were asked to check which cities in Alameda County in which they would like to live. Table 16 reports this information and for those who said they would like to live in Oakland, it presents the specific neighborhoods within Oakland people prefer to live. Here again, communities are listed in descending order *by the preferences of the Berkeley sample*, not the subsample of Alameda

## APPENDIX 2

respondents who want to live in Berkeley. This is done to show differences in preference across the two groups.

**Table 16**  
**Geographical Location Preferences of Alameda Residents**  
**Who Want to Live in Berkeley**

| City/Neighborhood  | Percentage of Subsample |
|--------------------|-------------------------|
| Berkeley           | 100%                    |
| Other North County | 22%                     |
| South County       | 5%                      |
| Mid-County         | 9%                      |
| East County        | 3%                      |
| Oakland            | 51%                     |
| Downtown Oakland   | 44%                     |
| West Oakland       | 28%                     |
| Lakes area         | 49%                     |
| East Oakland       | 19%                     |
| Piedmont           | 28%                     |
| Oakland Hills      | 21%                     |
| Fruitvale          | 13%                     |
| Chinatown          | 5%                      |

For additional information or data analysis contact:

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**The Action Research Group**  
1942 Harvard Ave. E. #1  
Seattle, WA 98102  
206/860-0927





| HUD ANNUAL INCOME GUIDELINES FOR 1995 FOR THE BERKELEY-OAKLAND PRIMARY METROPOLITAN STATISTICAL AREA |                                       |          |          |          |          |          |          |          |
|------------------------------------------------------------------------------------------------------|---------------------------------------|----------|----------|----------|----------|----------|----------|----------|
| INCOME STANDARD                                                                                      | NUMBER OF PERSONS IN FAMILY/HOUSEHOLD |          |          |          |          |          |          |          |
|                                                                                                      | 1                                     | 2        | 3        | 4        | 5        | 6        | 7        | 8        |
| Very Low Income                                                                                      | \$19,400                              | \$22,150 | \$24,950 | \$27,700 | \$29,900 | \$32,150 | \$34,350 | \$36,550 |
| Lower Income                                                                                         | \$28,150                              | \$32,150 | \$36,200 | \$40,200 | \$43,400 | \$46,650 | \$49,850 | \$53,050 |
| Median Income                                                                                        | \$38,800                              | \$44,300 | \$49,900 | \$55,400 | \$59,800 | \$64,300 | \$68,700 | \$73,100 |

Source: HUD Income Information Bulletin, January 18, 1995. Median income is estimated from the bulletin, rounded to the nearest \$100. Median income for the region is \$55,400 in 1995.





## APPENDIX 4

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### City of Berkeley Mayor's HIV/AIDS Housing Task Force

#### Persons with HIV & AIDS Needs Model

The attached Needs Model for People with HIV and AIDS is intended to provide a useful framework that links the needs of people in different states of the disease with appropriate health care, social services, and housing. This model seeks to help the Task Force formulate recommendations to the Mayor regarding housing, health care, and services to people who have HIV and AIDS. Preliminary needs assessment results from Alameda County indicate a profile of potential clients who face challenges in remaining in their homes despite fluctuations in their ability to function socially and physically as the disease progress.

In an attempt to provide a clearer picture of the needs of people with HIV and AIDS (PWHAs), the Needs Model was designed to relate the disease over time to the needs of people who pass through the disease stages (levels) for housing, health care, and social services. We suggest that Task Force members focus on the needs of people within the disease levels and the existing resources supporting them, not on the proposed project(s) at hand. This approach will help lessen the duplication of services and help identify gaps in housing, health care, and services that are most in need.

Attached is a PWHAs matrix that consolidates material that has been reviewed in Task Force meetings. Attached pages also provide background and explanation of the matrix as well.

If you have any questions regarding this material, please feel free to contact:

boona cheema, BOSS - 649-1930

Kerri Rice, RN PHN - 649-8923

Tim Stroshane, Associate Planner - 644-6002

Planning and Development Department, City of Berkeley

#### PWHAs Needs Model Resource Material:

People with HIV & AIDS Needs Model: boona cheema & Kerri Rice, 11/95

Standards of Care (Levels), Ryan White Work Groups, 5/95

Housing for People with HIV & AIDS, boona cheema, 9/95

Health Care Options, Dr. Carol Brosgart, MD, Jan Long and Kerri Rice, 11/95

Services Available, *Positive Resources* by Alameda County, 1995; Dr. Poki Namkung, MD, MPH, City of Berkeley Health and Human Services Department, 7/95; VNAHNC

- Hospice Reference/Referral List, 11/95



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**City of Berkeley**  
**Mayor's Task Force: HIV & AIDS Housing, Health Care, and Services**  
**Persons with HIV & AIDS Needs Model**  
**PWHAs Matrix**

“YES” means appropriate for use and “NO” means not appropriate for use in most cases.

| Levels help to describe changes and identify Needs:<br>Housing<br>Health Care<br>Services (details on attached pages)                                                                                                                                                                                             | <b>Level 1:</b><br><i>Functioning Well</i> | <b>Level 2:</b><br><i>Needs Some Assistance</i> | <b>Level 3:</b><br><i>Fluctuating between severe episodes and periods of functioning</i> | <b>Level 4:</b><br><i>Severely Ill and Dying</i> | <b># of Beds or Units</b> | <b>Current Funding</b><br>(Funding sources are listed as a group)       | <b>Future Funding</b><br>(Funding sources are listed as a group)              |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|-------------------------------------------------|------------------------------------------------------------------------------------------|--------------------------------------------------|---------------------------|-------------------------------------------------------------------------|-------------------------------------------------------------------------------|
| <b>Housing:</b> <u>Self/Friend</u><br>Family/Hired - Rental/Own<br><b>Health Care:</b><br>Offices & Clinics<br>Home Care<br>Attendant Care<br>SNF<br>Hospital<br>Mental Health/ & Substance Abuse Treatment<br><b>Services:</b> See pg. 9                                                                         | YES                                        | YES                                             | YES                                                                                      | YES                                              | Var.                      | Shelter Plus Care                                                       | Shelter Plus Care, Rental Assistance, Ryan White, May need: Eviction Pre      |
| Offices & Clinics                                                                                                                                                                                                                                                                                                 | YES                                        | YES                                             | Maybe                                                                                    | NO <sup>1</sup>                                  | N/A                       | Medicaid, Ryan White, Medicare & Private Insur.                         | Medicaid, Ryan White, Medicare & Private Insur.                               |
| Home Care                                                                                                                                                                                                                                                                                                         | NO                                         | YES                                             | YES                                                                                      | YES                                              | N/A                       | -100% Hospice HMB <sup>2</sup>                                          | -100% Hospice HMB <sup>2</sup>                                                |
| Attendant Care                                                                                                                                                                                                                                                                                                    | NO                                         | NO                                              | Maybe                                                                                    | Maybe                                            | N/A                       |                                                                         |                                                                               |
| SNF                                                                                                                                                                                                                                                                                                               | NO                                         | NO                                              | YES                                                                                      | YES                                              | N/A                       |                                                                         |                                                                               |
| Hospital                                                                                                                                                                                                                                                                                                          | NO                                         | NO                                              | YES                                                                                      | Last Resort                                      | N/A                       |                                                                         |                                                                               |
| Mental Health/ & Substance Abuse Treatment                                                                                                                                                                                                                                                                        | YES                                        | YES                                             | Maybe                                                                                    | NO                                               | N/A                       |                                                                         |                                                                               |
| Services: See pg. 9                                                                                                                                                                                                                                                                                               | YES                                        | YES                                             | YES                                                                                      | YES                                              | N/A                       | Ryan White Medicaid                                                     | Ryan White Medicaid                                                           |
| <b>Housing:</b> <u>Emergency</u><br>Shelters 1-90 days<br>Vouchers:<br>Rental Assistance<br>Hotel/Motel<br><b>Health Care:</b><br>Offices & Clinics<br>Home Care<br>Attendant Care<br>SNF<br>Hospital<br>Mental Health/ & Substance Abuse Treatment<br><b>Services:</b> See pg. 9                                 | YES                                        | YES                                             | NO                                                                                       | NO                                               | 220                       | City of Berkeley, HUD, Private Donations                                | City of Berkeley, HUD, Private Donations, Ryan White                          |
| Offices & Clinics                                                                                                                                                                                                                                                                                                 | YES                                        | YES                                             | Maybe                                                                                    | NO <sup>1</sup>                                  | N/A                       | Medicaid, Ryan White, Medicare, Private Insur.                          | Medicaid, Ryan White, Medicare, Private Insur.                                |
| Home Care                                                                                                                                                                                                                                                                                                         | NO                                         | YES                                             | YES                                                                                      | YES                                              | N/A                       | -100% Hospice HMB <sup>2</sup>                                          | -100% Hospice HMB <sup>2</sup>                                                |
| Attendant Care                                                                                                                                                                                                                                                                                                    | NO                                         | NO                                              | Maybe                                                                                    | Maybe                                            | N/A                       |                                                                         |                                                                               |
| SNF                                                                                                                                                                                                                                                                                                               | NO                                         | NO                                              | YES                                                                                      | YES                                              | N/A                       |                                                                         |                                                                               |
| Hospital                                                                                                                                                                                                                                                                                                          | NO                                         | NO                                              | YES                                                                                      | Last Resort                                      | N/A                       |                                                                         |                                                                               |
| Mental Health/ & Substance Abuse Treatment                                                                                                                                                                                                                                                                        | YES                                        | YES                                             | Maybe                                                                                    | NO                                               | N/A                       |                                                                         |                                                                               |
| Services: See pg. 9                                                                                                                                                                                                                                                                                               | YES                                        | YES                                             | YES                                                                                      | YES                                              | N/A                       | Ryan White Medicaid                                                     | Ryan White Medicaid                                                           |
| <b>Housing:</b> <u>Transitional</u><br>Subsidies, non-site based<br>Site based rental subsidies<br>Halfway Houses<br>Treatment Programs<br><b>Health Care:</b><br>Offices & Clinics<br>Home Care<br>Attendant Care<br>SNF<br>Hospital<br>Mental Health/ & Substance Abuse Treatment<br><b>Services:</b> See pg. 9 | YES                                        | YES                                             | YES                                                                                      | YES                                              | 73                        | HOPWA, HUD, Ala. Co, Shelter Plus Care City of Berkeley, Medicaid -Txmt | HOPWA, Ala Co, Shelter Plus Care City of Berkeley, Medicaid (Txmt) Ryan White |
| Subsidies, non-site based                                                                                                                                                                                                                                                                                         | YES                                        | YES                                             | YES                                                                                      | YES                                              |                           |                                                                         |                                                                               |
| Site based rental subsidies                                                                                                                                                                                                                                                                                       | YES                                        | YES                                             | YES                                                                                      | YES                                              |                           |                                                                         |                                                                               |
| Halfway Houses                                                                                                                                                                                                                                                                                                    | YES                                        | YES                                             | YES                                                                                      | YES                                              |                           |                                                                         |                                                                               |
| Treatment Programs                                                                                                                                                                                                                                                                                                | YES                                        | YES                                             | YES                                                                                      | YES                                              | 12+                       |                                                                         |                                                                               |
| Offices & Clinics                                                                                                                                                                                                                                                                                                 | YES                                        | YES                                             | Maybe                                                                                    | NO <sup>1</sup>                                  | N/A                       | Medicaid, Ryan White, Medicare, Private Insur.                          | Medicaid, Ryan White, Medicare, Private Insur.                                |
| Home Care                                                                                                                                                                                                                                                                                                         | NO                                         | YES                                             | YES                                                                                      | YES                                              | N/A                       | -100% Hospice HMB <sup>2</sup>                                          | -100% Hospice HMB <sup>2</sup>                                                |
| Attendant Care                                                                                                                                                                                                                                                                                                    | NO                                         | NO                                              | Maybe                                                                                    | Maybe                                            | N/A                       |                                                                         |                                                                               |
| SNF                                                                                                                                                                                                                                                                                                               | NO                                         | NO                                              | YES                                                                                      | YES                                              | N/A                       |                                                                         |                                                                               |
| Hospital                                                                                                                                                                                                                                                                                                          | NO                                         | NO                                              | YES                                                                                      | Last Resort                                      | N/A                       |                                                                         |                                                                               |
| Mental Health/ & Substance Abuse Treatment                                                                                                                                                                                                                                                                        | YES                                        | YES                                             | Maybe                                                                                    | NO                                               | N/A                       |                                                                         |                                                                               |
| Services: See pg. 9                                                                                                                                                                                                                                                                                               | YES                                        | YES                                             | YES                                                                                      | YES                                              | N/A                       | Ryan White Medicaid                                                     | Ryan White Medicaid                                                           |



## APPENDIX 4

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| Levels help to describe changes and identify Needs:<br>Housing<br>Health Care<br>Services (details on attached pages)                                                                                                                                                                                                                                                                                                        | <b>Level 1:</b><br><i>Functioning Well</i>  | <b>Level 2:</b><br><i>Needs Some Assistance</i> | <b>Level 3:</b><br><i>Fluctuating between severe episodes and periods of functioning</i> | <b>Level 4:</b><br><i>Severely Ill and Dying</i>                                 | <b># of Beds or Units</b>                                | Current Funding (Funding sources are listed as a group)                                                                                        | Future Funding (Funding sources are listed as a group)                                                                                                                                                                      |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|-------------------------------------------------|------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|----------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Housing:</b> Independent<br>*Independent-Rental Assistance<br>* Sponsors of services for independent living can acquire or lease units on a sliding scale<br>* Develop landlord relations to negotiate lower rents, deposit waivers, priority placement<br><b>Health Care:</b><br>Office & Clinics<br>Home Care<br>Attendant Care<br>SNF<br>Hospital<br>Mental Health/ & Substance Abuse Treatment<br>Services: See pg. 9 | YES<br>YES<br>YES<br>YES<br>NO<br>NO<br>YES | YES<br>YES<br>YES<br>YES<br>YES<br>NO<br>YES    | YES<br>YES<br>YES<br>Maybe<br>YES<br>Maybe                                               | YES<br>YES<br>YES<br>NO <sup>1</sup><br>YES<br>Maybe<br>YES<br>Last Resort<br>NO | None Var.<br><br><br><br>N/A<br>N/A<br>N/A<br>N/A<br>N/A | Shelter Plus Care<br><br><br><br>Medicaid, Ryan White, Medicare, Private Insur. -100% Hospice HMB <sup>2</sup><br><br>Ryan White, Medicaid     | HOPWA, Berkeley Housing Trust Fund, Community Development Block Grant (CDBG) <sup>3</sup> , Ryan White<br><br><br>Medicaid, Ryan White, Medicare, Private Insur. - 100% Hospice HMB <sup>2</sup><br><br>Ryan White Medicaid |
| <b>Housing:</b> Assisted - Same as Independent yet may require In Home Support Services, Attendant Care, or other on a part time basis.<br><b>Health Care:</b><br>Offices & Clinics<br>Home Care<br>Attendant Care<br>SNF<br>Hospital<br>Mental Health/ & Substance Abuse Treatment<br>Services: See pg. 9                                                                                                                   | YES<br>YES<br>YES<br>YES<br>YES<br>YES      | YES<br>YES<br>YES<br>YES<br>YES<br>YES          | YES<br>Maybe<br>YES<br>Maybe<br>YES<br>Maybe                                             | YES<br>NO <sup>1</sup><br>YES<br>Maybe<br>YES<br>Last Resort<br>NO               | None<br><br>N/A<br>N/A<br>N/A<br>N/A<br>N/A              | None<br><br>Medicaid, Ryan White, Medicare, Private Insur. - 100% Hospice HMB <sup>2</sup><br><br>Ryan White Medicaid                          | HOPWA, Berkeley HTF, Community Development Block Grant (CDBG) <sup>3</sup> , Ryan White<br><br>Medicaid, Ryan White, Medicare, Private Insur. - 100% Hospice HMB <sup>2</sup><br><br>Ryan White Medicaid                    |
| <b>Housing:</b> Supported ("for Special Needs") ARF licensed. Combines permanent housing with counseling and an array of on-site services, including case management, social services, and coordinates with health services.<br><b>Health Care:</b><br>Offices & Clinics<br>Home Care<br>Attendant Care<br>SNF<br>Hospital<br>Mental Health/ & Substance Abuse Treatment<br>Services: See pg. 9                              | N/A<br>N/A<br>N/A<br>N/A<br>N/A<br>N/A      | Maybe<br>YES<br>YES<br>NO<br>NO<br>YES          | YES<br>Maybe<br>YES<br>NO<br>YES<br>Maybe                                                | YES<br>NO <sup>1</sup><br>YES<br>Maybe<br>YES<br>Last Resort<br>NO               | None<br><br>N/A<br>N/A<br>N/A<br>N/A<br>N/A              | HOPWA, HUD, Shelter Plus Care<br><br>Medicaid, Ryan White, Medicare, Private Insur. - 100% Hospice HMB <sup>2</sup><br><br>Ryan White Medicaid | HOPWA, Berkeley HTF, Community Development Block Grant (CDBG) <sup>3</sup> , Ryan White<br><br>Medicaid, Ryan White, Medicare, Private Insur. - 100% Hospice HMB <sup>2</sup><br><br>Ryan White Medicaid                    |



| Levels help to describe changes and identify Needs:<br>Housing<br>Health Care<br>Services (details on attached pages)                    | <b>Level 1:</b><br><i>Functioning Well</i> | <b>Level 2:</b><br><i>Needs Some Assistance</i> | <b>Level 3:</b><br><i>Fluctuating between severe episodes and periods of functioning</i> | <b>Level 4:</b><br><i>Severely Ill and Dying</i>            | <b># of Beds or Units</b>              | <b>Current Funding</b><br>(Funding sources are listed as a group)                                      | <b>Future Funding</b><br>(Funding sources are listed as a group)                                       |
|------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|-------------------------------------------------|------------------------------------------------------------------------------------------|-------------------------------------------------------------|----------------------------------------|--------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|
| <b>Housing: <u>Dependent</u></b><br>SNF<br>Hospice Home Care<br>Hospice Residential <sup>4</sup><br>Hospital - End Stage Care            | N/A                                        | N/A                                             | YES<br>YES<br>Maybe<br>NO                                                                | YES<br>YES<br>YES<br>Last Resort                            | Avail.<br>Avail.<br>N/A<br>Avail.      | Medicaid, some Medicare, and Private Insur. , Ryan White                                               | Medicaid, some Medicare, Private Insur. , Ryan White                                                   |
| <b>Health Care:</b><br>Offices & Clinics<br>Home Care<br>Attendant Care<br>SNF<br>Hospital<br>Mental Health/ & Substance Abuse Treatment | YES<br>YES<br>Maybe<br>NO<br>NO<br>YES     | YES<br>YES<br>Maybe<br>NO<br>NO<br>YES          | Maybe<br>YES<br>Maybe<br>YES<br>YES<br>Maybe                                             | NO <sup>1</sup><br>YES<br>Maybe<br>YES<br>Last Resort<br>NO | N/A<br>N/A<br>N/A<br>N/A<br>N/A<br>N/A | -100% Hospice HMB <sup>2</sup> , Ryan White, Medicaid, Medicare, Alta Bates Emer Fund , Private Insur. | -100% Hospice HMB <sup>2</sup> , Ryan White, Medicaid, Medicare, Alta Bates Emer. Fund, Private Insur. |
| <b>Services: See pg. 9</b>                                                                                                               | YES                                        | YES                                             | YES                                                                                      | YES                                                         | N/A                                    | Ryan White Medicaid                                                                                    | Ryan White Medicaid                                                                                    |

(1) Some Physicians make Home Visits (2) Hospice HMB is for Medicaid, Medicare, Private Insurance Patients who want only palliative & comfort care - HOME & SNF ONLY (unless Hospitalization is essential), 100% of disease related DME, Pharmacy & care paid. (3) Set-aside \$300,000 from the City HTF & \$200,000 CDBG funds, 1995-96. "YES" means appropriate for use and "NO" means not appropriate for use in most cases. Ryan White Care Act: Comprehensive AIDS Resources Emergency Act. HUD & HOPWA: Housing Opportunities for People with AIDS. (4) Funding (reimbursement & contributions) difficult. Model struggling to keep doors open, and many have/are closing.



### A. Persons with HIV & AIDS Need's Model - Level Descriptions

Taken from Standards of Care, Compliments of the HIV Services Planning Council - 5/95

The Standards of Care are operating procedures that would help by providing a structural frame work for Housing, Health Care, and Services to be implemented. The levels help to segment the continuum of the illness that a person with this disease will probably experience.

Level 1: *Functioning well*. The primary need at this level of the continuum is for information, education, referral, and risk reduction. People enrolled at this level of the continuum are largely comprised of:

- \* individuals who have just received initial diagnosis, and may require intensive psychosocial and/or crisis assistance for a period of time, but who otherwise have no significant medical and/or social service needs.
- \* individuals who have few social service needs and no medical needs.

Level 2: Needs some assistance. The needs at this level of the continuum may vary according to the client, but will generally consist of social service assistance and some limited medical care services. Enrollment at this level of the continuum would include individuals who also have one or more of the following circumstances present in their lives:

- \* history of substance abuse
- \* history of mental illness
- \* homelessness or near homelessness
- \* monolingual
- \* family, including HIV+ and pregnant, responsibility for children, responsibility for aging elders, or other care-givers responsibilities
- \* other special circumstances which would require the increased utilization of case management services
- \* potential loss of income and medical insurance

Level 3: *Fluctuating between severe episodes and periods of functioning in the community*. The needs at this level of the continuum vary according to the person and the progression of the illness, and generally consist of an irregular pattern of medical and social service assistance. Enrollment at this level of the continuum would include Level 2 individuals with special needs as well as newly diagnosed individuals who also have one or more of the following circumstances present in their lives:

- \* other significant medical or health problems unrelated to HIV
- \* progression of HIV illness
- \* other special health or social circumstances which would require the utilization of case management services

Level 4: *Severely Ill and Dying*. The health care needs at this level of the continuum are considerable and include Level 3 individuals with special needs, terminal stage individuals, and newly diagnosed individuals who present with terminal stage AIDS. Individuals at this level of the continuum have significant medical needs and would require a hospice referral for end of life care.



## B. Housing for People with HIV & AIDS, boona cheema - 9/95 (pg 1 of 2)

**1. Emergency Housing:** Housing for people facing emergencies: to get them off the street, placement after eviction or eviction prevention, release from an institution. Shelters are a potential first step towards moving people into more independent and long-term housing. Includes counseling, social services, and case management.

a. Programs:

- \* Emergency Shelters
- \* Rental assistance
- \* Hotel/motel vouchers

b. Health Risk Assessment:

- \* High risk of infection from TB or other infectious disease.
- \* Unsafe situation for people with mental health problems.
- \* Exposure to drug use by other shelter residents.
- \* Not suitable long-term for families with children.
- \* No onsite medication monitoring (Home Care Nursing can help)
- \* Limited hours of operation
- \* Lack of confidentiality

c. Length of stay: 1- 90 days.

d. Voucher/Eviction Prevention:

- \* Limited supply of beds and motel/hotel rooms in Berkeley.
- \* No set-asides for people with HIV & AIDS
- \* First come, first served spent in first quarter of year.

**2. Transitional Housing:** Interim placement, access to or from halfway houses, treatment programs, moving from shelters on the way to long-term independent housing. Includes counseling, social services, and case management.

a. Programs:

- \* Subsidies, non-site based.
- \* Site-based rental subsidies
- \* Treatment programs
- \* Halfway houses

b. Health Risk Assessment:

- \* If low supply of independent living units, it is harder to stabilize the client and improve health.

c. Length of Stay: Up to two years

d. Evictions:

- \* Evictions for house rule violations can cause stress for all involved, and reduce chances of improving a client's health.

**3. Independent Living:** Each resident maintains fully functioning activities of daily living without assistance. Volunteer-based services can greatly assist those whose health status fluctuates over time. Common tasks could include emotional support, transportation assistance, and household chores. Includes onsite counseling, social services, and case management.

a. Programs:

- \* Rental assistance
- \* Sponsors of services for independent living can acquire or lease units on a sliding scale to clients.
- \* Develop landlord relations to negotiate lower rents, deposit waivers, priority placements.

b. Health Risk Assessment:

- \* Combination of client living at home while receiving support services when ill can help a person recover quicker and stay independent longer with HIV disease.
- \* Chance of remaining independent is greatly influenced by the client's ability to pay for non-volunteer services, and by availability of those services.

**4. Assisted Living:** Provides a range of discrete services in the client's home, such as meal preparation with intermittent care. May require professional - skilled care. Includes onsite counseling, social services, and case management.

a. Programs:

- \* Continuous AIDS Programs
- \* Attendant Care
- \* Home Care

b. Health Risk Assessment:

- \* As people with AIDS live longer, there is a greater incidence of neural impairment or dementia, hence a greater need for structured supervision.
- \* Also more HIV disease occurs among people with mental illness or substance abuse problems. Some AIDS facilities, however, require clients to be clean and sober, but some of these are revising this policy.

**5. Supported ("for Special Needs")** Requires licensed - ARF

- \* Combines permanent housing with counselling and an array of on-site services, including case management, social services, and coordination with health services.

a. Programs: Woolsey Street

b. Health Risk Assessment:

c. Length of stay: Ongoing

d. Eviction: House rules clearly outline policy and procedure.

## APPENDIX 4

Continued, **Housing** (pg 2 of 2)

**6. Dependent:** Permanent housing except Hospice Home Care, outside of the SNF. Includes onsite (including Hospice Home Care) counseling, social services, case management,

a. Programs:

*Skilled Nursing Facility:* 24 hour nursing care for clients unable to be home alone or who require skilled care.

Licensure usually involved because of the level of required care by professional staff. Hospice program available in SNF.

*Hospice Home Care:* Focusing on alleviation of pain and symptoms while providing emotional support at the terminal stage of AIDS.

*Hospice, Residential:* Requires license - RCFCI. Funding (reimbursement & contributions) difficult to maintain and operate. Sadly, existing residential hospices are struggling to keep doors open, and many have/are closing. Many nonAIDS specific RCFCIs, SNF, Hospice Home Care support, and Hospitals do house people who meet this need.

*Hospital:* Acute care or last resort end stage care.



## APPENDIX 4

**c. Health Care Options within the City of Berkeley for People with HIV and AIDS**

Most providers manage more than the residents of Berkeley and Alameda County. They may have satellite branches in other cities or within Berkeley.

**1. Clinics and Physician Office Visits****a. Description:**

1. Diagnostic
2. Treatment
3. Case Management

**b. Programs:**

1. Infusion Services
2. Women's Program
3. Clinic Programs

**Examples:**

Health & Human Svcs.  
East Bay AIDS Center  
Sister Care (Women's  
Early Intrevention Care)

**2. Home Care:****a. Description:**

1. Diagnostic
2. Treatment
3. Case Management of Ongoing Care Needs
4. Hospice Care

**b. Programs:**

1. Continuous AIDS Program
2. Home Infusion Therapy
3. Home Care
4. Hospice Care

**VNA & Hospice**

Health & Human Svcs.

**3. Attendant Care (In Home Nursing Services)****a. Description**

1. Nursing Aides, LVNs, and Rns
2. Provide care within their licensed capacity

**b. Programs**

1. Hourly, Shift, and some Live-in care
2. Some connected with Ryan White Funding

**VNA Private Care**

Family Home Connections  
Alameda Co.

**4. Mental Health & Substance Abuse****a. Description:**

1. Detoxification & New Skills Training
2. Mental Health Management & Wellness

**b. Programs:**

1. Chemical Dependency
2. Mental Health Care

**New Bridge Foundation**

ABMC - Herrick Hospital

**5. Skilled Nursing Care****a. Description:**

1. Treatment of Skilled Care
2. Hospice Care (VNA & H Contracted)

**b. Programs:**

1. Hospice Care

**Guardian Elmwood**

Guardian Berkeley Pines  
Ashby Care & Kyakameena

**6. Hospital****a. Description:**

1. Acute Care
2. Diagnostic & Treatment
3. End Stage Care

**Alta Bates Medical Center**

**D. Services Available and Used by People with HIV & AIDS**

Most providers manage more than the residents of Berkeley and Alameda County. They may have satellite branches in other cities or within Berkeley.

| Service:      |                                                              | PWHA Needs Matrix                     |
|---------------|--------------------------------------------------------------|---------------------------------------|
|               |                                                              | Levels that will probably use service |
| 1.            | Adult Day Care                                               | 1 & 2                                 |
| 2.            | Advocacy                                                     | All                                   |
| 3.            | Alternative Therapies                                        | All                                   |
| 4.            | Case Management                                              | All                                   |
| 5.            | Child Care                                                   | All, if needed                        |
| 6.            | Clinical Trials                                              | 1, 2 & 3                              |
| 7.            | Counseling Services: Emotional                               | All                                   |
|               | Grief                                                        | All                                   |
|               | Psychological                                                | All                                   |
| 8.            | Crisis Intervention                                          | All                                   |
| 9.            | Dental Care                                                  | 1, 2 & 3                              |
| 10.           | Drop-In Centers and Support Groups                           | 1 & 2                                 |
| 11.           | Drug and Alcohol Recovery                                    | 1 & 2, maybe 3                        |
| 12.           | Durable Medical Equipment: Insur & Private Pay               | 3 & 4                                 |
| 13.           | Durable Medical Equipment: Donated, Show Need                | 3 & 4                                 |
| 14.           | Education and Prevention                                     | All                                   |
| 15.           | Employment and Vocational Support                            | 1 & 2                                 |
| 16.           | Financial Support and Services                               | All                                   |
| 17.           | Food and Meals: groceries, Home delivered,<br>and congregate | 1, 2, & 3                             |
| 18.           | Gynecology and Obstetrics                                    | 1, 2, & 3                             |
| 19.           | Hospice                                                      | 4 maybe 3                             |
| 20.           | Home Care                                                    | 2, 3 & 4                              |
| 21.           | Housing: Advocacy                                            | All                                   |
|               | Emergency Housing                                            | Unknown                               |
|               | Eviction Prevention                                          | Unknown                               |
|               | Transitional                                                 | Unknown                               |
|               | Independent                                                  | Unknown                               |
|               | Long - Term Housing: Assisted                                | All                                   |
|               | Supported                                                    | All                                   |
|               | Dependent                                                    | All                                   |
| 22.           | Information and Referral Services                            | All                                   |
| 23.           | In Home Support Services                                     | 3 & 4, Maybe 2                        |
| 24.           | Insurance and Entitlement Counseling                         | All                                   |
| 25.           | Legal Services                                               | All                                   |
| 26.           | Medical Services: Attendant Care                             | 3 & 4, Maybe 2                        |
|               | Clinic/Outpatient Care                                       | All                                   |
|               | Home Care & Hospice                                          | All                                   |
|               | Hospitals                                                    | 1, 2, & 3, Last Resort - 4            |
|               | Skilled Nsg Facilities                                       | 3 & 4                                 |
| 27.           | Nursing Registries (hired per hour)                          | 3 & 4, Maybe 2                        |
| 28.           | Nutritional Counseling                                       | 1, 2 & Maybe 3                        |
| 29.           | Optical Services                                             | 1, 2, 3                               |
| 30.           | Podiatrist                                                   | 1, 2, 3                               |
| 31.           | Practical Support                                            | All                                   |
| 32.           | Respite for Caregivers                                       | 2,3, 4                                |
| 33.           | Spiritual Support                                            | All                                   |
| 34.           | Supplies: Insurance and Priv. Pay coverage                   | 2, 3 & 4                              |
| 35.           | Supplies: Donated, Must show need                            | 2, 3 & 4                              |
| 36.           | Training and Technical Assistance                            | All                                   |
| 37.           | Translators                                                  | Unknown                               |
| 38.           | Transportation                                               | 1, 2 & 3                              |
| 39.           | Utility Low Rate Programs                                    | All                                   |
| And Many More |                                                              |                                       |

\*Providers too many to list.





## APPENDIX 5

### POTENTIAL HOUSING RESOURCES FOR PEOPLE WITH HIV DISEASE

Berkeley has an existing inventory of housing resources that serves a range of housing needs of homeless people, those with low incomes, the elderly, and people with special needs (including physical disabilities). Some of this housing might be appropriate for people with HIV disease. The inventory is summarized in Table 5-1. However, it must be noted that

- 1) only 12 beds (arranged through New Bridge Foundation) are specifically dedicated to those suffering from HIV disease;
- 2) at any point in time these listed resources may not be available or there may be a waiting list; or
- 3) these resources may be inappropriate for particular individuals at certain levels of HIV disease.<sup>1</sup>

#### *Emergency Shelters and Transitional Housing*

Table 5-1 shows that Berkeley has 220 beds in emergency shelters that may be used by people in various stages of HIV disease. No data are kept on how many emergency shelter residents live there at any one time, but people with the disease do use the shelters. Berkeley has 85 beds in transitional housing properties that provide housing for low-income people who were either formerly homeless, discharged from mental health institutions, or are going through substance abuse treatment programs and/or job training or schooling. These facilities typically provide housing for anywhere from three months to two years, and provide case management and social services either on-site or through interagency linkages. Again, no data are kept on how many transitional housing residents in Berkeley are disabled with HIV disease.

#### *Independent Permanent Housing*

The City of Berkeley has sponsored new construction and rehabilitation of existing properties through use of loans to housing developers from its General Fund, Housing Trust Fund and other rental rehabilitation loan programs. Currently, the City has 320 units in its Housing Trust Fund/General Fund loan portfolio and there are another 275 units that have been rehabilitated since 1985 through the City's rental rehabilitation programs. These units are affordable to households with low and very low incomes. There are, however, very few vacancies in these units at this time.

Housing Trust Fund-assisted properties are typically encumbered by the City of

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<sup>1</sup>This appendix makes reference to "levels" of HIV disease. This terminology is introduced in Table 2 of Chapter 4 of the Task Force report. Essentially, Levels 1 and 2 refer to early stages of HIV disease where the individual is asymptomatic or intermittently disabled. Levels 3 and 4 reflect more advanced stages of HIV disease, with Level 4 equating to a person who is severely ill and dying.



**Table 5-1**  
**Inventory of Affordable Housing Resources in the City of Berkeley**

| <b>Type of Housing Resource</b>                                                                                                                                                                        | <b>Number of Beds/Units/Other</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Emergency Shelters                                                                                                                                                                                     | 220 beds                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| Transitional Housing                                                                                                                                                                                   | 85 beds                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| <b>Independent Permanent Housing</b> - could be used by people in Levels 1 and 2 of HIV disease. <sup>1</sup>                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| Disabled accessible, permanently affordable units sponsored by the City of Berkeley                                                                                                                    | 16 units                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| Disabled adaptable, permanently affordable units sponsored by the City of Berkeley                                                                                                                     | 82 units                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| <b>Licensed Health Care Facilities</b> - could be used by people in Levels 2, 3 and 4 of HIV disease. <sup>2</sup>                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| Adult Residential Care facilities (Adult Residential Facility licensed) <sup>3</sup>                                                                                                                   | 35 beds                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Residential Care For Elderly or For Chronically Ill (RCFE or CI) <sup>3</sup>                                                                                                                          | 302 beds                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| <b>Dependent Housing</b> - could be used by people in Levels 3 and 4 of HIV disease.                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| Residential Hospice facilities                                                                                                                                                                         | 0 beds                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Home Hospice Care                                                                                                                                                                                      | Unknown                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Skilled Nursing Facilities <sup>3</sup>                                                                                                                                                                | 201 beds                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| <b>Rental Assistance Programs</b> - could be used by people facing any level of HIV disease.                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| <ul style="list-style-type: none"> <li>• HUD Section 8 certificates/vouchers</li> <li>• HUD Shelter Plus Care certificates</li> <li>• Eviction prevention</li> <li>• Other rental subsidies</li> </ul> | <p>1,500 in use, waiting list of 1,500, 300 of whom are Berkeley residents with Berkeley preference. Number with HIV disease unknown.</p> <p>129 total, including 12 AIDS-dedicated beds at New Bridge; over three-quarters assigned to eligible people.</p> <p>Berkeley Community Law Center and Berkeley/Oakland Support Services (BOSS) provide eviction prevention counseling and one-time rental subsidies when available.</p> <p>BOSS provides brief rental subsidies through HUD supportive housing program to assist people transitioning from homelessness into permanent housing who have disabilities.</p> |

<sup>1</sup>Where they have adequate support services available, people at levels 3 and 4 of HIV disease could continue living in independent permanent housing.

<sup>2</sup>Where they have adequate support services available, people at level 4 of HIV disease could continue in supportive permanent housing.

<sup>3</sup>The Mayor's HIV/AIDS Housing Task Force recognizes that these resources are institutional care facilities, and are not considered to be conventional housing.



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Berkeley with affordability agreements that require the units assisted with City housing funds to remain affordable for a period of 55 years. Units in the rental rehabilitation loan programs must remain affordable for between 10 and 15 years.

In the context of housing for people with HIV disease, "permanent" housing means that no limitation is placed by a program or lease terms on how long a person residing in housing may stay. In Berkeley, the inventory indicates that there are currently 16 disabled *accessible* units that the City of Berkeley has funded from its Housing Trust Fund program or other loans the City has made. Properties included in this inventory are:

- 1970 San Pablo Avenue and 1330 University Avenue (Erna P. Harris Court, formerly the Bel Air Motel) which are owned by Resources for Community Development
- William Byron Rumford Plaza, 3000 block of Sacramento Street, owned by the South Berkeley Community Housing Development Corporation.
- UA Homes, 1040 University Avenue, owned by UA Housing, Inc.

The inventory also indicates that 82 units in the City's permanently affordable housing stock are *disabled-adaptable*, meaning that if a disabled person wants to move in, the unit can be easily adapted to their needs with minimal cost and time for adjustment to comply with ADA requirements. Properties included in this inventory are:

- 1849 Shattuck Avenue (a condominium development) owned by Panoramic Interests; Panoramic also has approvals to construct additional disabled adaptable units at 1801 University Avenue (included in the inventory here).
- 1133 Hearst Avenue, 1330 University Avenue, and 1970 San Pablo Avenue, owned by Resources for Community Development.
- All of Berkeley's 75 low-income public housing units, located throughout the city, are disabled-adaptable, operated by the Berkeley Housing Authority.

These housing units are could be used by people with mild (Levels 1 or 2) HIV disease. Where adequate support services are available (such as in-home health care, on-call supervision, other social services), some people with more advanced HIV disease (Levels 3 or 4) could continue living in independent permanent housing.

#### *Licensed Permanent Housing*

Licensed health care facilities could be used by people with mild to moderate (Levels 2 and 3) HIV disease, where adequate support services are available. Some people in



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### HOUSING RESOURCES FOR PEOPLE WITH HIV DISEASE IN BERKELEY

advanced stages of HIV disease could still live in supportive housing. According to a recent Task Force survey (see Appendix 5), adult residential care facilities, which are licensed with an Adult Residential Facilities (ARF) license, exist in Berkeley at this time. Currently there are 35 beds in the inventory.

In addition, beds in facilities which have Residential Care Facilities for the Elderly, or for the Chronically Ill (RCFE, or RCF-CI) licenses exist in Berkeley in even greater numbers. A recent survey by the Task Force finds that there are 302 beds in RCFE or RCF-CI facilities in Berkeley.

There are three categories of health care housing included in the inventory; two can be considered forms of supportive housing, also referred to as "residential care". RCFE licensed facilities can provide health care and end stage care for people 60 years and older. A person who is younger than age 60 may enter the facility if that person does not object to being in an environment of elderly people.

Adult Residential Facilities (ARFs) can provide minimal health care and end stage care. However, they may increase their ability to provide maximum health care with the aid of home health and hospice providers. ARF, RCFE, and RCF-CI facilities (see below) may coordinate a broad range of health care and social service needs to people with long-term illnesses such as HIV disease. Special needs certificates signed by the client's doctor and family are required to document safe and adequate care in order to keep people in lower-skilled health care housing.

People with HIV disease may be medically disabled and be eligible for Medi-Cal benefits at this time, Medi-Cal covers the costs of ARFs, RCFEs, and RCF-CIs through the Medi-Cal Waiver Program (MCWP; see Appendix 1, Glossary).

RCF-CI-licensed facilities can provide health care (though not IVs) and may admit people who must be 18 years of age or older.

#### *Dependent Housing*

Dependent care housing facilities in Berkeley are similarly numerous, but they are concentrated entirely in skilled nursing facilities (SNFs). Currently, there are some 200 beds in SNFs. A SNF provides care that can include intravenous therapy (IV) and other therapies. SNFs specialize intermittent or long term care, when a person is too sick to be at home, but not sick enough to be hospitalized. They also provide end-stage care (Levels 3 and 4).

There are no residential hospice facilities in Berkeley at this time.

Home hospice care is another housing/care option available to people with advanced HIV disease. Many people facing end stages of advanced illnesses may choose home hospice care, including people with HIV disease. It is not known how many people



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use home hospice care in the last stages of their disease. Home hospice providers contract with SNFs to provide their hospice care programs.

The Task Force recognizes that health care housing resources could be better utilized for low-income people with HIV and AIDS, provided that adequate funding streams for health care and social services needs of these people can be identified for each case. Coordination, consultation, and centralized resource information-sharing among housing and social service providers is essential for assuring that a full continuum of supportive and housing services are available in Berkeley.

Under-utilization of existing resources may be due to misunderstandings among housing, health care and services providers. A person can live throughout all stages of HIV disease process in the simplest of health care housing (such as an ARF) if the person's needs can be managed well within the facility. Resources can be brought to the resident there, or may be included by the housing provider. A case manager would arrange and broker the services. ARFs through SNFs use home care and hospice help to manage these needs with regularity. This method would alleviate the need of a person having to move to a higher level of health care housing. And it could allow one to stay in one housing situation throughout the disease process.

*The Task Force recognizes that it is essential to use these existing health care housing resources well and develop additional resources as needed to help those in the greatest need.*

#### **Rental Assistance Programs**

- *HUD Section 8 Certificates/Vouchers*

The most familiar rental assistance program in Berkeley, the Section 8 program, is operated by the Berkeley Housing Authority (BHA). Eligibility for the program requires a household have an income less than 50 percent of the Berkeley-Oakland area median income, currently \$27,700 annually for a family of four (see Appendix 3). Currently, some 1,500 certificates and vouchers assist Berkeley residents in paying their rents each month. Most subsidies range from \$200 to \$400 per month from BHA. Certificates and vouchers are provided to the tenant and are not tied to specific housing units. BHA has a waiting list of about 1,500 households, 300 of whom claim Berkeley residency.

The number of those on the waiting list afflicted with HIV disease is not known. Housing authorities are allowed by the U.S. Department of Housing and Urban Development (HUD) to develop local preferences for conferring certificates or vouchers on applicants. BHA currently has a local preference for existing low-income residents of Berkeley. In addition, the recently proposed BHA Administrative Plan will contain a proposed new ranking preference policy for low-income people with HIV disease. The Board of the Berkeley Housing Authority (which consists of the Mayor, the City Council and two Section 8 tenant members) will consider this



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proposed new policy in early 1996. The Administrative Plan is eventually forwarded to HUD for approval.

- *Shelter Plus Care Certificates*

This rental assistance/social service assistance program funded by HUD is operated by a network of the City of Berkeley's Health and Human Services Department, the Berkeley Housing Authority and community-based organizations. People eligible for the program must meet three criteria: disabled head of household (including HIV-disability); the person or household must be homeless; and they must have a household income at or below 50 percent of area median income.

In Shelter Plus Care (S+C), the traditional tenant-landlord relationship exists, including a lease and a housing-assistance payment contract similar to that used by the BHA in its Section 8 program. The tenant locates private market housing available for rent, the landlord screens potential applicants and offers the unit to the applicant of choice, and the landlord collects the tenant's portion of rent and continues managing the property and monitoring tenant compliance with lease terms.

In 1994, the City of Berkeley received a grant of 129 S+C certificates from HUD. As of December 1995, 69 households have been placed through the program, 39 households are searching for units and 22 certificates are reserved for eligible homeless people. In May 1995, the City Council contracted with New Bridge Foundation to fund 12 AIDS-dedicated beds at their residential substance abuse treatment facility.

- *Eviction Prevention*

Both the Berkeley Community Law Center (BCLC) and Berkeley/Oakland Support Services (BOSS) provide eviction prevention counseling, weekly tenant workshops, and one-time rental subsidies to stabilize people at risk of eviction in their homes.

- *Other Rental Subsidies*

BOSS also provides short-term rental subsidies through a HUD supportive housing program which targets assistance to people making transitions from homelessness into permanent housing. The subsidies, when available, can last up to 18 months and serve 30 to 40 people at any one time. People must pay 30 percent of their income as rent and the subsidy covers the remaining 70 percent.

#### *Funding Sources in the Berkeley Community*

- *The City Council's \$500,000 Set-Aside for an AIDS Housing Project*

On May 16, 1995, the Berkeley City Council set aside \$500,000 in the City's Housing



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Trust Fund explicitly for an AIDS housing project. These funds were derived from two sources: the City's General Fund (\$300,000), and the City's allocation of federal Community Development Block Grant funds (\$200,000). Eligible uses for these funds are as follows:

- capital projects - both CDBG and General Funds may be used.
- rental subsidies - only General Funds may be used.
- services - only General Funds may be used, since the City is essentially at the cap with respect to use of CDBG Funds for social services in the current fiscal year.

CDBG funds may be spent outside the City's Neighborhood Strategy Area (neighborhoods in which the median income is less than 80 percent of area median income) provided that beneficiaries of the activities funded are low-income households (at or below 80 percent of area median income).

- *Housing Trust Fund*

The Housing Trust Fund (HTF) assists developers with financing the production of permanently affordable housing in Berkeley and seeks to assure that HTF assistance leverages other sources of financing. Eligible households must have incomes at or below 80 percent of area median income, or lower depending on the source of housing funds.

The HTF creates a structured application process in which affordable housing projects can receive careful review from staff, commissions and the City Council before loan funds are disbursed. The HTF guidelines underwent revision during the latter half of 1995 and a draft of new HTF guidelines is under consideration by the City Council. Council action to adopt the new guidelines is anticipated in late January 1996. Currently there is about \$1.3 million in the Housing Trust Fund, of which \$500,000 is currently dedicated (set aside) for an AIDS Housing Project (see above).

- *Community Development Block Grant Program*

Each year, the City of Berkeley receives an entitlement allocation from HUD for community development activities targeted for distressed neighborhoods and households whose incomes are at or below 80 percent of area median income. Construction, rehabilitation, and acquisition of affordable housing are eligible housing activities under CDBG. According to HUD's CDBG guidelines, rental assistance is not eligible for funding, however.

For Fiscal Year 1996-97, City staff and the Housing Advisory Commission will accept and evaluate CDBG applications beginning in late January 1996. The CDBG budget will be adopted by the City Council in June 1996 when the City's overall budget is adopted.



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- *Resources for Community Development/BOSS Supportive Housing Grant*

Resources for Community Development (RCD) and BOSS collaborated in 1995 to obtain a supportive housing grant for social services dedicated to people with disabilities stemming from HIV disease, substance abuse issues and mental illness. Grant funds amount to over \$400,000 in direct services to this population for the Berkeley community. The assistance will include individualized needs planning, case management, health care coordination, mental health, drug and alcohol services, assistance with activities of daily living including meals coordination, HIV counseling and education, life planning and adult education. The program seeks to meet a variety of objectives addressing permanent housing needs, increased skills and income and enhanced self-determination for program participants.

RCD/BOSS's staff planning for the program will provide sufficient personnel to meet licensing requirements for a supportive housing facility.

- *South Berkeley Rental Rehabilitation Program*

Funds for this program are obtained from the CDBG Program each year. It currently has about \$300,000 available. Eligible projects are limited to South Berkeley locations and must target rehabilitation of units currently occupied by low-income tenants. There are no requirements to target this program to rehabilitation of units dedicated to housing people with HIV disease. Nonetheless, funding resources might be available from this program for improving existing residential care facilities located in South Berkeley. The standard for rehabilitation required by the program is only to bring the property up to code. Funds from this program could never be a sole source, since its standards of construction are below those of licensable facilities. Still, funds could be used in leveraging an overall financing package that included HTF assistance or other sources, and depending on the eligibility of the property.

#### OTHER RESOURCES FOR HIV/AIDS HOUSING AVAILABLE TO THE BERKELEY COMMUNITY

Two other sources of funds, Housing for People with AIDS (HOPWA) and Ryan White Comprehensive AIDS Resources Emergency (CARE) Act Funds, are available from the County of Alameda Housing and Community Development Program, the Alameda County Health Care Services Agency, and the HIV Health Services Planning Council for Alameda and Contra Costa Counties (which makes service priority decisions). Funding allocations to these jurisdictions are based upon a Congress-approved formula which relies on *cumulative* AIDS cases (i.e., total cases of AIDS, living or dead, since the onset of the epidemic in 1980).

#### *HOPWA Funds*

In 1990, Congress enacted HOPWA as part of the National Affordable Housing Act.



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HOPWA authorizes the U.S. Department of Housing and Urban Development (HUD) to provide grants to state and local governments to meet the housing needs of low-income people living with HIV disease. The program offers participating jurisdictions the flexibility to create a range of housing programs for people with AIDS, individually tailored to meet local needs.

The City of Oakland is the designated recipient for HOPWA funds in the East Bay region. Alameda County contracts with Oakland to administer the program county-wide. Alameda County anticipates making available roughly \$900,000 in Housing for People with AIDS (HOPWA) Act funding in Fiscal Year 1995-96 if current federal appropriations remain level. Funds may be used for acquisition, rehabilitation, new construction, lease and/or repair of structures to provide housing or shelter for people living with HIV disease.

HOPWA also allows use of funds for social services and operating support expenses. In addition, HOPWA funds may be used for housing information services, research on resource identification, project or tenant-based rental assistance, short term housing (mortgage, rent and utility) payments to prevent homelessness and technical assistance for establishing and operating a community residence.

#### *CARE Act Funds*

In 1990, Congress enacted the Ryan White CARE Act to provide emergency resources for:

- services in localities disproportionately affected by the spread of HIV (Title I);
- health care and support services (Title II); and
- early intervention services (Title III)

CARE Act Funds are administered by the Health Resources and Services Administration (HRSA) of the United States Public Health Service. CARE Act Funds are available for supportive services provided in three broad categories: Category A: services fundamental to sustain life; Category B: services critical to access Category A services; and Category C: services to improve the quality of life.

#### *Alameda County's Shelter Plus Care Program*

Alameda County also received an allocation of Shelter Plus Care certificates from HUD that it distributes to eligible homeless people throughout the County, including those who are disabled with HIV disease. County staff estimate that approximately ten of their certificate recipients are housed in Berkeley.

#### *Section 811 Program*

HUD's Section 811 Program provides up-front capital subsidies directly to developers



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of permanently affordable housing for people with HIV disease, and it provides 40 years worth of operating subsidies to these developments. The future of Section 811 is in doubt, however, as it may be consolidated into block grant programs to the states.

#### *McKinney Act*

The Federal McKinney Act provides funds to programs addressing homelessness and supportive housing needs of low-income and homeless populations. Municipalities and developers may obtain funds for program purposes.

#### *Alameda County's AIDS Housing Plan Priorities*

The *Draft Alameda County Multi-Year AIDS Housing Plan* makes recommendations and sets priorities for the county in five areas: priority populations, housing access systems, housing supply, services access, and implementation. The County's Plan proposes a process whereby HOPWA funds will be allocated according to the Plan's funding targets as follows:

- Permanent supported housing development, 38 percent
- Transitional supported housing development, 31 percent
- Service-enriched emergency housing, 13 percent
- Shallow rent subsidies, 10 percent
- AIDS housing clearinghouse, 4 percent; and
- Advocacy and technical assistance, 4 percent

The County's Plan estimates that about 10 units of assisted rental housing (that is, 10 tenants receiving rental assistance in independent housing) dedicated to people with HIV disease will be sustained in Berkeley over the next five years. The Plan also presents several opportunities for collaboration and coordination with the Berkeley community in other areas such as centralized housing access and referral systems, rental assistance, housing development and supportive services.

#### *Housing Information, Referral, and Advocacy Services*

As reported in the *Alameda County Multi-Year AIDS Housing Plan*, the AIDS resource directory, *Positive Resources*, lists over 20 organizations able to provide information and referral to persons living with HIV disease on a wide range of topics, including housing. It also lists 11 organizations which provide housing case management. There are a number of providers in Alameda County, however, whose primary goal is to prevent homelessness through information and advocacy. This listing is not meant to be comprehensive, but does reflect those service providers who were specifically identified in the County's community planning meetings, including:

- *AIDS Project of the East Bay*, a partnership of 12 agencies formed in 1994 to



## APPENDIX 5

### HOUSING RESOURCES FOR PEOPLE WITH HIV DISEASE IN BERKELEY

facilitate access to housing for people living with HIV disease.

- *Berkeley Community Law Center*, described earlier in this report under eviction prevention. BCLC also provides housing rights advocacy and tenant counseling.
- *Catholic Charities' Housing Assistance Program*, which helps clients locate and secure housing and provides money management and representative payee services.
- *ECHO Housing* of Hayward, which provides a variety of housing related services including fair housing counseling, landlord/tenant mediation and rental assistance.
- *Eden I&R* of Hayward, which coordinates Community Housing and Information Network, whose purpose is to provide information and referral on service agencies and housing in Alameda County.
- *Sentinel Fair Housing* of Oakland, which investigates complaints of housing discrimination, including discrimination against people living with HIV disease and provides a range of information and assistance in the area of housing.
- *Housing Rights, Inc.* of Berkeley, which provides information and advocacy on tenants rights.

#### *Medi-Cal Reimbursements*

Medi-Cal pays for health care for low-income and medically-needy residents of California. It is supported by state and federal taxes. Low-income people disabled by HIV may qualify for Medi-Cal coverage. In addition to standard Medi-Cal benefits, California has adopted a Medi-Cal waiver program (MCWP) for people with AIDS. This program provides in-home and community care specifically for people with an AIDS diagnosis. It therefore enables reimbursement income for health care supportive services linked to housing for people living with AIDS.

All Medi-Cal benefits are dependent on eligibility and share of costs, as determined by income level exceeding a maintenance of need level, which is further determined by the Social Security Administration as \$620 per month in 1995. Any income in excess of \$620 per month must go towards a client's share of cost under Medi-Cal, in most cases. For example, a person receiving \$750 per month in income must contribute \$130 as their share of cost for Medi-Cal benefits.



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